

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90057 024 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N22012**

1. Corporation Name  
**OUR SAVIOR LUTHERAN CHURCH, INC.**

Principal Place of Business 1750 BRUTON BOULEVARD ORLANDO FL 32805	Mailing Address 1750 BRUTON BOULEVARD ORLANDO FL 32805
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/24/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 05-6031258
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent  NOTYCE, YOLANDA P 1750 BRUTON BLVD P O BOX 5338 ORLANDO FL 32805	10. Name and Address of New Registered Agent 81 Name <i>Blumhagen, Daina</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>Blumhagen, Daina Street 1750 Bruton Blvd</i> 83 P.O. Box <i>5338</i> 84 City <i>Orlando, FL</i> 85 Zip Code <i>32805</i>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Daina J. Blumhagen* (NOTE: Registered Agent signature required when reinstating) DATE *3/21/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOTYCE, YOLANDA P	1.2 NAME	Blumhagen, Daina
STREET ADDRESS	4208 S SEMOKEN BLVD., #3	1.3 STREET ADDRESS	5201 San Paulo Street
CITY-ST-ZIP	ORLANDO FL 32822	1.4 CITY-ST-ZIP	Orlando, Fla 32807
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, AUGUSTUS	2.2 NAME	King, Susan
STREET ADDRESS	1025 W DEWITT DR	2.3 STREET ADDRESS	3211 San Pedro Lane
CITY-ST-ZIP	ORLANDO FL 32805	2.4 CITY-ST-ZIP	ORLANDO, FL 32827
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, SUSAN	3.2 NAME	Presley, Willeam
STREET ADDRESS	6218 W RIDGEWOOD AVE	3.3 STREET ADDRESS	41042 Commander Dr Apt 921
CITY-ST-ZIP	ORLANDO FL 32835	3.4 CITY-ST-ZIP	Orlando, FL 32822
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, DEBORA	4.2 NAME	
STREET ADDRESS	4532 BANNEKA STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811	4.4 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODLEY, CHRISTOPHER	5.2 NAME	
STREET ADDRESS	5842 GRAND CANYON	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daina J. Blumhagen* **REQUIRED** DATE: *3/21/99* DAYTIME PHONE #: *407-306-4659*

CR2E037 (11/99)