

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90044 023 \*\*\*\*61.25

C 1464

**DOCUMENT # N22012**

1. Entity Name

**OUR SAVIOR LUTHERAN CHURCH, INC.**

Principal Place of Business

Mailing Address

1750 BRUTON BOULEVARD  
 ORLANDO FL 32805

1750 BRUTON BOULEVARD  
 ORLANDO FL 32805

**80041377**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**05-6031258**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLUMHAGEN, DAINA**  
**1750 BRUTON BLVD**  
**P O BOX 5338**  
**ORLANDO FL 32805**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  Delete  
 NAME: BLUMHAGEN, DAINA  
 STREET ADDRESS: 5201 SAN PAULO ST.  
 CITY-ST-ZIP: ORLANDO FL 32807

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: VD  Delete  
 NAME: KING, SUSAN  
 STREET ADDRESS: 3211 SAN PEDRO LANE  
 CITY-ST-ZIP: ORLANDO FL 32827

TITLE: VD  Change  Addition  
 NAME: Margrett S. Betts  
 STREET ADDRESS: 1814 30th St  
 CITY-ST-ZIP: Orlando, FL 32805

TITLE: SD  Delete  
 NAME: PRESLEY, WILLEAN  
 STREET ADDRESS: 4642 COMMANDER DR. APT 921  
 CITY-ST-ZIP: ORLANDO FL 32835

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: TD  Delete  
 NAME: BARNETT, DEBORA  
 STREET ADDRESS: 4532 BANNEKA STREET  
 CITY-ST-ZIP: ORLANDO FL 32811

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: MD  Delete  
 NAME: BODLEY, CHRISTOPHER  
 STREET ADDRESS: 5842 GRAND CANYON  
 CITY-ST-ZIP: ORLANDO FL 32810

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Daina Blumhagen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/01  
 Date

(407) 206-4659  
 Daytime Phone #

CR2E037 (10/00)