

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93646 003 ****61.25

DOCUMENT # N22012

1. Entity 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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B0123048



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 05-6031258		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
Zip	Country	Zip	Country				

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLUMHAGEN, DAINA			NAME			
STREET ADDRESS	5201 SAN PAULO ST.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32807			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BETTS, MARGRETT S			NAME			
STREET ADDRESS	1814 80TH ST			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32805			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRESLEY, WILLEAN			NAME			
STREET ADDRESS	4642 COMMANDER DR. APT 921			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32835			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARNETT, DEBORA			NAME			
STREET ADDRESS	4532 BANNEKA STREET			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32811			CITY-ST-ZIP			
TITLE	MD	<input type="checkbox"/> Delete		TITLE	m	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BODLEY, CHRISTOPHER			NAME			
STREET ADDRESS	5842 GRAND CANYON			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32810			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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* **5/21/02** **407 306-4659**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)