


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| 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 |
|---|---|



01072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 05-6031258 | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**FLOYD, ULYSSES
1750 BRUTON BLVD
ORLANDO, FL 32805**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when retreating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FLOYD, ULYSSES 454 DOMINO DR ORLANDO, FL 32805 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BURKS, VIRGINIA 2026 ORANGE CTR BLVD #12 ORLANDO, FL 32805 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DAVIS, ANN 622 COLORADO WOODS ORLANDO, FL 32824 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KONIG, PETRA 5838 GRAND CANYON TR ORLANDO, FL 32810 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MD BODLEY, CHRISTOPHER 5842 GRAND CANYON ORLANDO, FL 32810 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

01/12/06-80021-003 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Ann Davis Ann Davis 1-706 (407) 295-0261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #