

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90110 015 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **05-6031258**  
Applied For  
 Not Applicable

5. Certificate of Status Desired...  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
~~**BLUMHAGEN, DAINA  
1750 BRUTON BLVD  
P O BOX 5398  
ORLANDO FL 32805**~~

7. Name and Address of New Registered Agent  
Name **Ulysses Floyd**  
Street Address (P.O. Box Numbers Not Applicable)  
**1750 BRUTON BLVD**  
**ORLANDO** **FL** **32805**

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: *Ulysses Floyd* DATE: **7/5/16/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLUMHAGEN, DAINA 5201 SAN PAULO ST ORLANDO FL 32807	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BETTS, MARGRETT S 1814 80TH ST ORLANDO FL 32805	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRESLEY, WILLEAN 4642 COMMANDER DR. APT 921 ORLANDO FL 32835	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARNETT, DEBORA 4532 BANNEKA STREET ORLANDO FL 32811	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD BODLEY, CHRISTOPHER 5842 GRAND CANYON ORLANDO FL 32810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLOYD, ULYSSES 454 DOMINO DRIVE ORL, FL 32805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURKS, VIRGINIA 2626 ORANGE CTR. BLDG #10 ORL, FL 32805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHRISTIAN, LILLIAN 4567 CAL COURT ORL FL 32808	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RONIG, PETRA 5838 GRAND CANYON DR. ORL, FL 32810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD STEPHENS, JAMES E.A. 1750 BRUTON BLVD ORL, FL 32805	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ulysses Floyd* DATE: **7/5/16/03** (407) 295-0261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)