2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 732446

1. Entity Name
OUR SAVIOR LUTHERAN CHURCH OF OSPREY, FLORIDA, INC.

Principal Place of Business	Mailing Address
2705 NORTH TAMIAMI TRAIL NOKOMIS, FL 34275	P.O. BOX 447 NOKOMIS, FL 34274-0447 US

01072004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-6553430
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALTON, EARL R
111 CIRCLE DR
NOKOMIS, FL 34275

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PERRY, JOHN
STREET ADDRESS	4840 FLAGSTONE DR
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	PD
NAME	RUSCO, RALPH
STREET ADDRESS	482 BELLINI CIRCLE
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	TD
NAME	ALTON, EARL R
STREET ADDRESS	111 CIRCLE DRIVE
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	SD
NAME	SCHOENER, FRANCES
STREET ADDRESS	1712 GLENHOUSE ROAD #315
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/04-80062-005 61.25

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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: Earl R. Alton Earl R. Alton 2/19/04 941 966 4442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #