2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT **DOCUMENT #701077** 05 NOV -7 PM 5: 04 OUR SAVIOR LUTHERAN CHURCH OF CRESTVIEW, FLORIDA, INCORPORATED Principal Place of Business Mailing Address 178 NORTH ST 178 NORTH ST CRESTVIEW, FL 32536 CRESTVIEW, FL 32536 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07192005 Chg-NP CR2E037 (10/03) 4. FEI Number 23-7043097 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.º Name and Address of Current Registered Agent ynthia A. Freshour ANTHONY, BRUCE.W... Street Address (P.O. Box Number is Not Acceptable) 178 NORTH AVE. Keysec Mil CRESTVIEW, FL 32536 City Zip Code Boker FL 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. Cynthia A. Freshour 9-1-05 \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to Trust Fund Contribution. Florida Department of State Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PD TITLE ☐ Delete TITLE BIEN, BRAD NAME NAME 000061222040 10 HOLLY ROAD STREET ADDRESS STREET ADDRESS 11/07/05--01064--026 **175.00 CITY-ST-ZIP CRESTVIEW, FL 32539 CITY-ST-ZIP TITLE Change Change Delete ☐ Addition TITLE Treasurer Cynthia Freshour Sayy Keyser Mill Rd ANTHONY, BRUCE W NAME NAME STREET ADDRESS 5808 FRANCES ST STREET ADDRESS CRESTVIEW, FL 32539 CITY-ST-ZIP CITY-ST-7IP 32531 Change ☐ Addition TITLE ☐ Delete TITLE NAME FRESHOUR, CYNDY NAME Heather STREET ADDRESS 5244 KEYSER MILL ROAD STREET ADDRESS Holly 10 BAKER-FL-32531---CITY-ST-ZIP-CITY-ST-ZIP Change 1 TITLE MD ☐ Delete TITLE ☐ Addition NAME PRIVETTE, DEB NAME STREET ADDRESS 132 WEDGEWOOD LN STREET ADDRESS CITY-ST-ZIP CRESTVIEW, FL 32536 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change, 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 1697(3)(i). Florida Statutes. I turther 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

Daytime Phone #

changed, or on an attachment with an address, with all other like empowered.