2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702366

FILED Jun 10, 2004 Secretary of State

Entity Name: OUR SAVIOR LUTHERAN CHURCH OF PLANTATION, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 8001 NW 5TH STREET PLANTATION, FL 33324 US **Current Mailing Address: New Mailing Address:** 8001 NW 5TH STREET PLANTATION, FL 33324 US FEI Number: 59-1022550 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VOLZ, NANCY H 271 NW 92ND TERRACE US CORAL SPRINGS, FL 33071 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete JONES, JOHN P WURSTER, STEVEN Name: Name: Address: 6060 SW 8TH COURT Address: 1872 NW 94TH AVENUE City-St-Zip: PLANTATION, FL 33317 City-St-Zip: PLANTATION, FL 33322 Title: () Delete Title: (X) Change () Addition CHRISTENSEN, THOMAS Name: Name: HUFF, JEFF Address: 720 NW 74TH AVE Address: 10544 NW 4TH STREET City-St-Zip: PLANTATION, FL 33317 City-St-Zip: PLANTATION, FL 33324 Title: () Delete Title: () Change () Addition WITHERS, JANICE Name: Name: 3310 NW 96TH AVENUE Address: Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: Title: () Delete Title: () Change () Addition Name: VOLZ, NANCY H Name: Address: 271 NW 92ND TERRACE Address: City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY H VOLZ T 06/10/2004