

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725362

FILED  
Jan 09, 2009  
Secretary of State

**Entity Name:** OUR SAVIOR EVANGELICAL LUTHERAN CHURCH OF NAPLES, FLORIDA, INC.

**Current Principal Place of Business:**

10000 AIRPORT ROAD NORTH  
NAPLES, FL 34110

**New Principal Place of Business:**

10000 AIRPORT ROAD NORTH  
NAPLES, FL 341097329

**Current Mailing Address:**

10000 AIRPORT ROAD NORTH  
NAPLES, FL 34110

**New Mailing Address:**

10000 AIRPORT ROAD NORTH  
NAPLES, FL 341097329

**FEI Number:** 23-7248408

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STOPPS, WILLIAM E  
28179 VANDERBILT DRIVE  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

STOPPS, WILLIAM E  
28179 VANDERBILT DRIVE  
#2  
BONITA SPRINGS, FL 34134 US

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:

01/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: STOPPS, WILLIAM E  
Address: 15330 CEDAR WOOD LANE #101  
City-St-Zip: NAPLES, FL 34110

Title: SD ( ) Delete  
Name: PETERSON, ROGER  
Address: 3867 JUNGLE PLUM DRIVE EAST  
City-St-Zip: NAPLES, FL 34114

Title: PD ( ) Delete  
Name: JOHNSON, WAYNE  
Address: 12600 FOX RIDGE DR #6103  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VPD ( ) Delete  
Name: WALLACE, TEWS  
Address: 5315 ANDOVER DRIVE #102  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM E. STOPPS

TREA

01/09/2009

Electronic Signature of Signing Officer or Director

Date