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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:31

DOCUMENT # **725809** **(8)**

1. Corporation Name

OUR SAVIOR EVANGELICAL LUTHERAN CHURCH, INC., OF JACKSONVILLE, FLORIDA

Principal Place of Business	Mailing Address
2338 EAGES NEST RD JACKSONVILLE FL 32225	13170-58 ATLANTIC BLVD JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/13/1973
3a. Date of Last Report: 09/02/1994
4. FEI Number: 59-1482734 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
21	26 13170- 58 Atlantic Blvd		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 # 309	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State 23	City & State 28 Jacksonville FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	**$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 32225 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

DEEDS, PAUL
8101 SAN JOSE MANOR DR #2
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name: Douglas Geer
82 Street Address (P.O. Box Number is Not Acceptable): 612 N 18th Ave
83
84 City: Jacksonville Beach FL 85 Zip Code: 32250

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Douglas J Geer — DATE: 3/21/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	DEEDS, PAUL	12 NAME	LOMEN, SHANE	
STREET ADDRESS	8101 SAN JOSE MANOR DR. 2	13 STREET ADDRESS	5295 BURDETTE RD	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	JACKSONVILLE, FL. 32211	
TITLE	TD	21 TITLE	TD	☒ Change ☐ Addition
NAME	CHASKA, BEN	22 NAME	~~Douglas~~ Geer, Douglas	
STREET ADDRESS	8149 GREN GLADE RD	23 STREET ADDRESS	612 N 18th Ave	
CITY-ST-ZIP	JACKSONVILLE FL 32258	24 CITY-ST-ZIP	Jacksonville Beach FL 32250	
TITLE	FSD	31 TITLE	FSD	☒ Change ☐ Addition
NAME	HALLENBECK,DARWIN	32 NAME	Baumgartener, Stuart	
STREET ADDRESS	4664 EARLY RISE LANE	33 STREET ADDRESS	2214 Larchmont Rd	
CITY-ST-ZIP	JACKSONVILLE FL 32258	34 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shane Lomen — 1-15-95 — 778-5491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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