FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732446 (0)

1. Corporation Name

OUR SAVIOR LUTHERAN CHURCH OF OSPREY, FLORIDA, I NC.

Principal Place of Business	Mailing Address
2705 NORTH TAMIAMI TRAIL NOKOMIS FL 34275	2705 NORTH TAMIAMI TRAIL NOKOMIS FL 34275

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1975	3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-6553430	Applied For / Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 447
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Nokomis FL
Zip 24 / Country 25	Zip 29 34274-0447 / Country 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LIEBIG GIL 1724 LAKESIDE DRIVE VENICE FL 34293	81 Name: SPRUCK, ALBERT 82 Street Address (P.O. Box Number is Not Acceptable): 344 10th St. 83 84 City: NOKOMIS FL 85 Zip Code: 34275

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: Albert F. Spruck — 4-27-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	T ☒ Change ☐ Addition
NAME	LIEBIG, GIL	12 NAME	SPRUCK, ALBERT
STREET ADDRESS	1724 LAKESIDE DRIVE	13 STREET ADDRESS	344 10th St.
CITY-ST-ZIP	VENICE FL	14 CITY-ST-ZIP	Nokomis FL. 34275
TITLE	T	21 TITLE	T ☒ Change ☐ Addition
NAME	MATTHEWS, PAUL	22 NAME	CLINE, JACK
STREET ADDRESS	650 CHIRICO DR	23 STREET ADDRESS	426 Courbet
CITY-ST-ZIP	NOKOMIS FL	24 CITY-ST-ZIP	NOKOMIS FL 34275
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	REED, LOIS S	32 NAME	
STREET ADDRESS	212 CHARDIN DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	LYON, RETTY	42 NAME	
STREET ADDRESS	1734 LAKESIDE DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	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: Albert F. Spruck — 4-27-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0064030