FILE NOW: FILING FEE IS $61.25

FILED
Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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	P.O. BOX 447 NOKOMIS FL 34274-447 US

3. Date Incorporated or Qualified: 04/14/1975

4. FEI Number: 59-6553430 — [ ] Applied For [X] Not Applicable

2. Principal Place of Business (21) — 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)

City & State (23) — City & State (28)

Zip (24) Country (25) — Zip (29) Country (30)

5. Certificate of Status Desired [X] — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? [ ] Yes [X] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

REED, LOIS S
212 CHARDIN
NOKOMIS FL 34275

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
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	T	[X] DELETE	1.1 TITLE	Secretary	[ ] Change [X] Addition
NAME	SCHAWAROCH, JOHN		1.2 NAME	Roberta Rusco	
STREET ADDRESS	964 ZANADU AVE, E		1.3 STREET ADDRESS	482 Bellini Cir	
CITY-ST-ZIP	VENICE FL		1.4 CITY-ST-ZIP	Nokomis, FL 34275	
TITLE	T	[ ] DELETE	2.1 TITLE		[ ] Change [ ] Addition
NAME	COLLINS, JAMES		2.2 NAME		
STREET ADDRESS	113 LILY ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL		2.4 CITY-ST-ZIP		
TITLE	T	[ ] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME	REED, LOIS S		3.2 NAME		
STREET ADDRESS	212 CHARDIN DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL		3.4 CITY-ST-ZIP		
TITLE	T	[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME	LYON, BETTY		4.2 NAME		
STREET ADDRESS	1734 LAKESIDE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		4.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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: LOIS S REED TREASURER X Lois S Reed Mar 16-98-966-3926