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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **732446**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/14/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6553430 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REED, LOIS S 212 CHARDIN NOKOMIS FL 34275	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	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RUSCO, ROBERTA		1.2 NAME		
STREET ADDRESS	482 BELLINI CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL 34275		1.4 CITY-ST-ZIP		
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	P	☐ Change ☒ Addition
NAME			5.2 NAME	RUSCO, RALPH	
STREET ADDRESS			5.3 STREET ADDRESS	482 BELLINI CIRCLE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE		☐ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME			6.2 NAME	HERBERT VON STETTEN	
STREET ADDRESS			6.3 STREET ADDRESS	126 BAYOU DR.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	VENICE, FL 34292	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Feb 28-99 941-966-3926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #