

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 732446

1. Entity Name
**OUR SAVIOR LUTHERAN CHURCH OF OSPREY,
FLORIDA, INC.**



Principal Place of Business
**2705 NORTH TAMiami TRAIL
NOKOMIS, FL 34275**

Mailing Address
**P.O. BOX 447
NOKOMIS, FL 34274-0447 US**



01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6553430

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALTON, EARL R
111 CIRCLE DR
NOKOMIS, FL 34275**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PERRY, JOHN
STREET ADDRESS	4840 FLAGSTONE DR
CITY - ST - ZIP	SARASOTA, FL 34238
TITLE	PD
NAME	RUSCO, RALPH
STREET ADDRESS	482 BELLINI CIRCLE
CITY - ST - ZIP	NOKOMIS, FL 34275
TITLE	TD
NAME	ALTON, EARL R
STREET ADDRESS	111 CIRCLE DRIVE
CITY - ST - ZIP	NOKOMIS, FL 34275
TITLE	SD
NAME	SCHOENER, FRANCES
STREET ADDRESS	1712 GLENHOUSE ROAD #315
CITY - ST - ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000061004
02/23/04-80062-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11. If changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Earl R. Alton

Earl R. Alton

Date

2/19/04

Daytime Phone

941 966 4442