

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90078 032 ****70.00

DOCUMENT # 732446

1. Entity Name

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



Principal Place of Business

**2705 NORTH TAMiami TRAIL
NOKOMIS FL 34275**

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

34274-0447



☐ CHECK HERE IF MAKING CHANGES

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

**REED, LOIS S
212 CHARDIN
NOKOMIS FL 34275**

7. Name and Address of New Registered Agent

Name

EARL R. ALTON

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

111 CIRCLE DR.

City

NOKOMIS

FL

Zip Code

34275

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

Earl R. Alton

Earl R. Alton

March 23, 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **RUSCO, ROBERTA**
STREET ADDRESS **482 BELLINI CIRCLE**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **PD** ☐ Delete
NAME **RUSCO, RALPH**
STREET ADDRESS **482 BELLINI CIRCLE**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **TD** ☒ Delete
NAME **REED, LOIS S**
STREET ADDRESS **212 CHARDIN DRIVE**
CITY-ST-ZIP **NOKOMIS FL**

TITLE **SD** ☐ Delete
NAME **SCHOEHER, FRANCES**
STREET ADDRESS **1712 GLENHOUSE ROAD #315**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **John Perry**
STREET ADDRESS **4840 Flagstone Dr.**
CITY-ST-ZIP **Sarasota, FL 34238**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer (T)** ☐ Change ☒ Addition
NAME **Earl R. Alton**
STREET ADDRESS **111 Circle Drive**
CITY-ST-ZIP **Nokomis, FL 34275**

TITLE ☒ Change ☐ Addition
NAME **LAST NAME IS SCHOENER**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Ralph Rusco* *3/23/03* *488-8862*

CR2E037 (10/02)