2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# 733940

Entity Name: ORLANDO LUTHERAN TOWERS, INC.

Current Principal Place of Business:

300 E. CHURCH STREET
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

300 E. CHURCH STREET
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-1646654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	THOMAS, DALE,	
Address:	823 OREGON ST	
City-St-Zip:	ORLANDO, FL 32803 US	
Title:	VD	( ) Delete
Name:	CARLSON, WILLIAM E	
Address:	9955 LAKE GEORGIA DR.	
City-St-Zip:	ORLANDO, FL 32817 US	
Title:	SD	( ) Delete
Name:	BUCKNER, ROBERT,	
Address:	909 SWEETBRIAR DR.	
City-St-Zip:	ORLANDO, FL 32806 US	
Title:	PD	( ) Delete
Name:	FULMER, MACK,	
Address:	1141 WINDSONG ROAD	
City-St-Zip:	ORLANDO, FL 32809 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MACK FULMER PD 01/05/2005

Electronic Signature of Signing Officer or Director — Date