

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90278 018 ****61.25

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04242005 Chg-NP CR2E037 (10/03)

DOCUMENT # N06526 1. Entity Name OUR SAVIOR'S EV. LUTHERAN CHURCH, INC.					
Principal Place of Business 1715 YAYLOR ROAD DAYTONA BEACH, FL 32124			Mailing Address 1715 YAYLOR ROAD 1715 TAYLOR ROAD DAYTONA BEACH, FL 32124		
2. Principal Place of Business 1715 TAYLOR ROAD Suite, Apt. #, etc.		3. Mailing Address 1715 TAYLOR ROAD Suite, Apt. #, etc.		4. FEI Number 59-2489168 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State PORT ORANGE, FLORIDA		City & State PORT ORANGE, FLORIDA			
Zip 32128	Country US	Zip 32128	Country US		
6. Name and Address of Current Registered Agent DOBBERSTEIN, DONN PASTOR 5937 PARK RIDGE CIRCLE PORT ORANGE, FL 32127				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALL, JOSHUA 54 PINE TRAIL ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KEITH HARTMANN 134 SUNRISE BLVD. DEBARY, FL. 32713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROTH, KERRY 4650 LINKS VILLAGE DR., B105 PONCE INLET, FL 32127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER RICHARD S. PATE 6035 SAUCE POINT CIRCLE PORT ORANGE, FL. 32128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLINSKI, JOEY 6298 PALM VISTA ST. PORT ORANGE, FL 32128	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GEORGE WEIHAUCH 3112 WATERWAY PLACE PORT ORANGE, FL. 32128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Richard S. Pate</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-24-05 386-322-4024 <small>Date Daytime Phone #</small>		