

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90055 010 ****61.25

DOCUMENT # N07000009210

1. Entity Name

**OUR SAVIOR LUTHERAN CHURCH-MARTHA CIRCLE,
INC.**



Principal Place of Business

**1750 BRUTON BLVD
ORLANDO FL 32805**

Mailing Address

**1750 BRUTON BLVD
ORLANDO FL 32805**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-267-5405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALDWIN, CLEMENTINE
8427 LAINIE LANE
ORLANDO FL 32818**

Name

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

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
Due By May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **BALDWIN, CLEMENTINE**
STREET ADDRESS **8427 LAINIE LANE**
CITY- ST- ZIP **ORLANDO FL 32818**

TITLE **V** ☐ Change ☒ Addition
NAME **CROOMS, BARBARA**
STREET ADDRESS **560 N. DOLLINS AVE.**
CITY- ST- ZIP **ORLANDO, FL 32805**

TITLE **S** ☒ Delete
NAME **ALSTON, BRENDA**
STREET ADDRESS **1828 EAGLE BEAM**
CITY- ST- ZIP **WINTER GARDEN FL 34787**

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

TITLE **T** ☐ Delete
NAME **WASHINGTON, MARY**
STREET ADDRESS **43779 CASSIUS ST**
CITY- ST- ZIP **ORLANDO FL 32811**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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 exemptions contained in Section 119, 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: *Clementine Baldwin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-08

Date

Daytime Phone #