

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001869

FILED
Aug 09, 2006
Secretary of State

Entity Name: ORLANDO LUTHERAN ACADEMY, INC.

Current Principal Place of Business:

550 N ECONLOCKHATCHEE TR
ORLANDO, FL 32825

New Principal Place of Business:

550 NORTH ECONLOCKHATCHEE TRAIL
ORLANDO, FL 32825

Current Mailing Address:

550 N ECONLOCKHATCHEE TR
ORLANDO, FL 32825

New Mailing Address:

550 NORTH ECONLOCKHATCHEE TRAIL
ORLANDO, FL 32825

FEI Number: 59-3236110 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OGG, SANDRA L
4704 JAMERSON PLACE
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

JENSEN, WAYNE E DR.
550 NORTH ECONLOCKHATCHEE TRAIL
ORLANDO, FL 32825 US

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: DR. WAYNE E. JENSEN

08/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEIGER, WILLIAM
Address: 125 W. LAKE FAITH DRIVE
City-St-Zip: MAITLAND, FL 32751

Title: PT () Delete
Name: BOYE, JANET K
Address: 4237 WATERMILL AVE.
City-St-Zip: ORLANDO, FL 32817

Title: TD () Delete
Name: MOONEY, DONNA LEE
Address: 801 E. WILDMERLE AVE.
City-St-Zip: LONGWOOD, FL 32750

Title: VD () Delete
Name: COOPER, JANE
Address: 9230 EVERWOOD STREET
City-St-Zip: ORLANDO, FL 32825

Title: SD (X) Delete
Name: MOORE, CAROLE
Address: 10449 VIA DEL SOL
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHULTZ, JEFF
Address: 10718 SUNRISE TERRACE DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: VD (X) Change () Addition
Name: WILKINS, JIM K
Address: 814 SENECA MEADOWS ROAD
City-St-Zip: WINTER SPRINGS, FL 32780

Title: TD (X) Change () Addition
Name: MOONEY, DONNA LEE
Address: 801 EAST WILDMERE AVENUE
City-St-Zip: LONGWOOD, FL 32750

Title: SD (X) Change () Addition
Name: MOORE, CAROLE
Address: 10449 VIA DEL SOL
City-St-Zip: ORLANDO, FL 32817

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 Chapter 119, 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: DR. WAYNE E. JENSEN

D

08/09/2006

Electronic Signature of Signing Officer or Director

Date