

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732446

Entity Name: OUR SAVIOR LUTHERAN CHURCH OF OSPREY, FLORIDA, INC.**Current Principal Place of Business:**2705 TAMIAMI TRAIL NORTH
NOKOMIS, FL 34275**Current Mailing Address:**2705 TAMIAMI TRAIL NORTH
NOKOMIS, FL 34275**FEI Number: 59-2438988****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ALTON, EARL R
2705 TAMIAMI TRAIL NORTH
NOKOMIS, FL 34275 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: EARL R. ALTON****02/07/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	ALTON, EARL R
Address	97 CICLE DRIVE
City-State-Zip:	NOKOMIS FL 34275

Title	V
Name	HALFAST, CHARLES
Address	7639 TRILLIUM BLVD
City-State-Zip:	SARASOTA FL 34241

Title	T
Name	HAZELTON, JAMES
Address	1729 ARDY WAY
City-State-Zip:	VENICE FL 34292

Title	SD
Name	HAZELTON, MAE
Address	1729 ARDY WAY
City-State-Zip:	VENICE FL 34292

Title	DIRECTOR
Name	FLYNN, NANCY
Address	732 BIRD BAY DRIVE W
City-State-Zip:	VENICE FL 34285

Title	DIRECTOR
Name	JOHNSON, RUTHE
Address	615 CRANE PRAIRE WAY
City-State-Zip:	OSPREY FL 34229

Title	DIRECTOR
Name	LUDWIG, ELAINE
Address	1021 CUMBERLAND ROAD
City-State-Zip:	VENICE FL 34293

I hereby 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 all other like empowered.

SIGNATURE: EARL R. ALTON**PRESIDENT****02/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date