2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2024
Secretary of State
8990124769CC

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: Yes

Name and Address of Current Registered Agent:

CLINE, JOHN H
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: JOHN H CLINE 02/19/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	CLINE, JOHN H
Address	426 COURBET DR
City-State-Zip:	NOKOMIS FL 34275

Title	SECRETARY
Name	JELOVSEK, ERIKA
Address	209 SAREZZO CIRCLE
City-State-Zip:	NOKOMIS FL 34275

Title	FINANCIAL SECRETARY
Name	MCCARTHY, TOM
Address	81 ANNE BONNY CIRCLE
City-State-Zip:	NOKOMIS FL 34275

Title	DIRECTOR
Name	HALLMAN, BETSI
Address	1195 WILLOW SPRINGS DR
City-State-Zip:	VENICE FL 34293

Title	TREASURER
Name	DIRKS, EDYTHE
Address	1565 MONARCH DRIVE
City-State-Zip:	VENICE FL 34293

Title	VP
Name	LUDWIG, ELAINE
Address	564 CIRCLEWOOD DRIVE
City-State-Zip:	VENICE FL 34393

Title	DIRECTOR
Name	HALFAST, CHUCK
Address	7639 TRILLIUM BLVD
City-State-Zip:	SAEASOTA FL 34241

Title	PASTOR
Name	BATCHELOR, DONNA
Address	463 FIELDSTONE DRIVE
City-State-Zip:	VENICE FL 34292

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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: EDYTHE DIRKS TREASURER 02/19/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	THETFORD, NORMAN
Address	183 WILLOW BEND WAY
City-State-Zip:	OSPREY FL 34229