

2022 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:**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

03/07/2022

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 TREASURER
Name HAZELTON, JAMES
Address 1729 ARDRY WAY
City-State-Zip: VENICE FL 34292

Title SECRETARY
Name GEMMITI, CAROL
Address 2705 TAMIAMI TRAIL NORTH
City-State-Zip: NOKOMIS FL 34275

Title DIRECTOR
Name JELOVSEK, ERIKA
Address 2705 TAMIAMI TRAIL NORTH
City-State-Zip: NOKOMIS FL 34275

Title VP
Name THETFORD, MARY LOU
Address 183 WILLOW BEND WAY
City-State-Zip: OSPREY FL 34229

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

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

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

Continues on page 2

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: JOHN H CLINE

PRESIDENT

03/07/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	PASTOR
Name	WAGNER, DAVID
Address	5725 BAY PINE WAY
City-State-Zip:	SARASOTA FL 34238