

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733940

**Entity Name:** ORLANDO LUTHERAN TOWERS, INC.**Current Principal Place of Business:**300 E. CHURCH STREET  
ORLANDO, FL 32801**Current Mailing Address:**300 E. CHURCH STREET  
ORLANDO, FL 32801**FEI Number:** 59-1646654**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name HABAS, LEN  
Address 300 N NEW YORK AVENUE  
City-State-Zip: WINTER PARK FL 32790

Title TREASURER  
Name BLOODWORTH, DARRYL M  
Address 800 N. MAGNOLIA AVENUE  
SUITE #1500  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name DONAHUE, DENNIS  
Address 131 STONE POST ROAD  
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR  
Name VESTAL, MIKE  
Address 1051 W. WEBSTER AVENUE  
City-State-Zip: WINTER PARK FL 32789

Title VC  
Name RYAN, MIKE  
Address 139 W FAWSETT ROAD  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name ASHER, JEANNE  
Address 300 EAST CHURCH STREET  
APT #1201  
City-State-Zip: ORLANDO FL 32801

Title CEO  
Name LABRECQUE, ALICIA  
Address 300 EAST CHURCH STREET  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name KING, BONNIE  
Address 1007 WILKINSON STREET  
City-State-Zip: ORLANDO FL 32803

**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:** ALICIA LABRECQUE

CEO

04/27/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LYBERG, CARLA  
Address 300 E. CHURCH STREET  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name FRITZ, CHARLES  
Address 300 E. CHURCH STREET  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name LACEY, ROBERT  
Address 300 E. CHURCH STREET  
City-State-Zip: ORLANDO FL 32801