CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703503 (3)

1. Corporation Name

EPISCOPAL CHURCH OF OUR SAVIOUR, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1000 JERSEY LANE NE<br>PALM BAY FL 32905 | 1000 JERSEY LANE NE<br>PALM BAY FL 32905 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1972
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1320956 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt #, etc<br>22 | Suite, Apt #, etc<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / County<br>24 / 25 | Zip / County<br>29 / 30 |

9. Name and Address of Current Registered Agent

HAZELETT, WILLIAM H
341 BRANDT AVE NE
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | DP | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | HAZELETT, WILLIAM H | 12 NAME | | |
| STREET ADDRESS | 341 BRANDT AVE NE | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BAY FL | 14 CITY ST ZIP | | |
| TITLE | S | 21 TITLE | S | ☒ Change ☐ Addition |
| NAME | MCCAUGHEY, BARBARA A | 22 NAME | Sharon Shipley | |
| STREET ADDRESS | 1566 AMADOR AVE NW | 23 STREET ADDRESS | 8080 142nd Street | |
| CITY-ST-ZIP | PALM BAY FL | 24 CITY ST ZIP | Sebastian Florida 32958 | |
| TITLE | DV | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | LUDWIG, HELEN | 32 NAME | | |
| STREET ADDRESS | 3904 GAIL BLVD | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | W MELBOURNE FL | 34 CITY ST ZIP | | |
| TITLE | TD | 41 TITLE | TD | ☒ Change ☐ Addition |
| NAME | MCDONALD, GAIL | 42 NAME | Albert E. Kaufmann, Jr. | |
| STREET ADDRESS | 2130 ADVANA ST NE | 43 STREET ADDRESS | 272 Santa Martia St SW | |
| CITY-ST-ZIP | PALM BAY FL | 44 CITY-ST ZIP | Palm Bay Florida 32908 | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY ST ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/29/95 407-952-6801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Albert E. Kaufmann, Jr.

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