FILE NOW: FILING FEE IS $61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State
03-10-1999 90203 006 ****61.25

0019192

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703503

1. Corporation Name
EPISCOPAL CHURCH OF OUR SAVIOUR, INC.

Principal Place of Business	Mailing Address
1000 JERSEY LANE NE PALM BAY FL 32905	1000 JERSEY LANE NE PALM BAY FL 32905

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/19/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1320956 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WESLEY, JOHN
~~670 HYANNIS ST NE~~
~~PALM BAY FL 32907~~
781 Riviera Dr. 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE John Wesley, DP — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 2-25-99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	WESLEY, JOHN		1.2 NAME	Wesley, John	
STREET ADDRESS	~~670 HYANNIS ST NE~~		1.3 STREET ADDRESS	781 Riviera Dr. NE	
CITY-ST-ZIP	~~PALM BAY FL 32907~~		1.4 CITY-ST-ZIP	Palm Bay, FL 32905	
TITLE	SD	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	~~ELSIE CRUZ~~		2.2 NAME	Chanley, Mattie	
STREET ADDRESS	~~101 BREAKWATER ST., S.E.~~		2.3 STREET ADDRESS	1175 Craftsland Ln. NE	
CITY-ST-ZIP	~~PALM BAY FL~~		2.4 CITY-ST-ZIP	~~Palm Bay, FL 32905~~	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CLUNIE, ASHFORD		3.2 NAME		
STREET ADDRESS	963 SIERRA PLACE NE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL ~~32905~~ 32907		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KORTI, JULIAN		4. 2 NAME		
STREET ADDRESS	2195 GUNPOWDER DR. N.E.		4 3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #