

FILE NOW: PLEASE FILE AFTER MAY 18, 1995

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
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

1000 JERSEY LANE NE
PALM BAY FL 32905

Mailing Address

1000 JERSEY LANE NE
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. FBI 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. 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
**HAZELETT, WILLIAM H
341 BRANDT AVE NE
PALM BAY FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
**MCCAUGHEY, BARBARA A
1566 AMADOR AVE NW
PALM BAY FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

S
**Sharon Shipley
8080 142nd Street
Sebastian Florida 32958**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DV
**LUDWIG, HELEN
3904 GAIL BLVD
W MELBOURNE FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
**MCDONALD, GAIL
2130 ADVANA ST NE
PALM BAY FL**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TD
**Albert E. Kaufmann, Jr.
272 Santa Martia St SW
Palm Bay Florida 32908**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(k), 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:

Albert E. Kaufmann, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95

407-952-6801
Telephone Number

Albert E. Kaufmann, Jr.

0053376