

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **01/19/1972**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-1320956**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP HAZELETT, WILLIAM H 341 BRANDT AVE NE PALM BAY FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIPLEY, SHARON 8080 142ND STREET SEBASTIAN FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	LUDWIG, HELEN 3904 GAIL BLVD W MELBOURNE FL	<input checked="" type="checkbox"/> DELETE	2.2 NAME Batti, Joyce 920 Fulton Lane N.E. Palm Bay, FL., 32905
CITY - ST - ZIP	KAUFMANN, JR A E 272 SANTA MONICA ST SW PALM BAY FL	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS Kaufmann, Jr. Albert E 272 Santa Martia Street S.W. Palm Bay, FL. 32908
TITLE		<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP Clunie, Ashford 963 Sierra Place N.E. Palm Bay, FL., 32905
NAME		<input type="checkbox"/> DELETE	3.1 TITLE 100001800431 5.2 NAME -04/30/96--01003- 016 5.3 STREET ADDRESS ***61.25
STREET ADDRESS		<input type="checkbox"/> DELETE	3.2 NAME
CITY - ST - ZIP		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP
NAME		<input type="checkbox"/> DELETE	4.1 TITLE
STREET ADDRESS		<input type="checkbox"/> DELETE	4.2 NAME
CITY - ST - ZIP		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP
NAME		<input type="checkbox"/> DELETE	5.1 TITLE
STREET ADDRESS		<input type="checkbox"/> DELETE	5.2 NAME
CITY - ST - ZIP		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP
NAME		<input type="checkbox"/> DELETE	6.1 TITLE
STREET ADDRESS		<input type="checkbox"/> DELETE	6.2 NAME
CITY - ST - ZIP		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	6.4 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)(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* DATE: *7/19/96* DAYTIME PHONE #: *407-952-6801*
ALBERT E. KAUFMANN JR VICE PRESIDENT

CR2E037 (12/95)

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