

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 05 1998 8:00am
 Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 01/19/1972	Applied For Not Applicable
4. FEI Number 59-1320956	

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Wesley, John
 82 Street Address (P.O. Box Number is Not Acceptable)
 670 Hyannie St. NE
 83
 84 City Palm Bay FL 85 Zip 32907

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* JOHN W WESLEY 7-27-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DP	<input checked="" type="checkbox"/> DELETE
NAME HAZELETT, WILLIAM H	
STREET ADDRESS 341 BRANDT AVE NE	
CITY-ST-ZIP PALM BAY FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME ELSIE CRUZ	
STREET ADDRESS 101 BREAKWATER ST., S.E.	
CITY-ST-ZIP PALM BAY FL	
TITLE T	<input type="checkbox"/> DELETE
NAME OLUNIE, ASHFORD	
STREET ADDRESS 903 SIERRA PLACE NE	
CITY-ST-ZIP PALM BAY FL 32905	
TITLE VD	<input type="checkbox"/> DELETE
NAME KORTI, JULIAN	
STREET ADDRESS 2105 GUNPOWDER DR. N.E.	
CITY-ST-ZIP PALM BAY FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Wesley, John	
1.3 STREET ADDRESS 670 Hyannie St. NE	
1.4 CITY-ST-ZIP Palm Bay, FL 32907	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE 10000260852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME -08/05/98--01099--034	
5.3 STREET ADDRESS ***61.25	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *John Wesley* JOHN W WESLEY 7-27-98
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

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