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**Mar 10, 1999 8:00 am**  
**Secretary of State**

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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

1000 JERSEY LANE NE  
PALM BAY FL 32905

Mailing Address

1000 JERSEY LANE NE  
PALM BAY FL 32905



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/19/1972

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

9. Name and Address of Current Registered Agent

**WESLEY, JOHN**  
~~670 HYANNIE 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

2-21-99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**  
**WESLEY, JOHN**  
STREET ADDRESS ~~670 HYANNIE ST NE~~  
CITY-ST-ZIP ~~PALM BAY FL 32907~~

TITLE ☒ DELETE

NAME **SD**  
**ELSIE CRUZ**  
STREET ADDRESS ~~101 BREA WATER ST., S.E.~~  
CITY-ST-ZIP ~~PALM BAY FL~~

TITLE ☐ DELETE

NAME **T**  
**CLUNIE, ASHFORD**  
STREET ADDRESS **963 SIERRA PLACE NE**  
CITY-ST-ZIP **PALM BAY FL 32905 32907**

TITLE ☐ DELETE

NAME **VD**  
**KORTI, JULIAN**  
STREET ADDRESS **2195 GUNPOWDER DR. N.E.**  
CITY-ST-ZIP **PALM BAY FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **Wesley, John**  
1.3 STREET ADDRESS **781 Riviera Dr. NE**  
1.4 CITY-ST-ZIP **Palm Bay, FL 32905**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **SD**  
2.3 STREET ADDRESS **Chanley, Mattie**  
2.4 CITY-ST-ZIP **1175 Craftsland Ln. NE**  
**Palm Bay, FL 32905**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)