## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

## **FILED DOCUMENT # 703503** Mar 22, 2000 8:00 am **Secretary of State** EPISCOPAL CHURCH OF OUR SAVIOUR, INC. 03-22-2000 90056 018 \*\*\*\*61.25 Mailing Address Principal Place of Business 1000 JERSEY LANE NE 1000 JERSEY LANE NE PALM BAY FL 32905-5519 PALM BAY FL 32905 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1320956 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) WESLEY, JOHN 781 RIVIERA DR NE PALM BAY FL 32905 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DP TITLE ☐ Addition TITLE ☐ Delete NAME WESLEY, JOHN NAME STREET ADDRESS STREET ADDRESS 781 RIVIERA DR NE CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete ☐ Addition Change SD TITLE TITLE CHANLEY, MATTIE NAME NAME STREET ADDRESS STREET ADDRESS 1175 CRAFTSLAND LN NE CITY-ST-ZIP CITY-ST-ZIP Palm Bay FL <u>3</u>2905 ☐ Delete Change ☐ Addition TITLE TITLE CLUNIE, ASHFORD NAME NAME STREET ADDRESS STREET ADDRESS 963 SIERRA PLACE NE CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 **VD** Change Notition IX TITLE Delete TITLE KORTI, JULIAN NAME NAME HARBIN, BARBARA STREET ADDRESS STREET ADDRESS 2195.GUNPOWDER DR. N.E. CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL Change ☐ Addition TITLE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receipt or trustee empowered to exceed this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

MRED JOHN WESLEY

3/16,00

321-723-8032

Daytime Phone #