

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90056 018 ****61.25

DOCUMENT # 703503

1. Entity Name

EPISCOPAL CHURCH OF OUR SAVIOUR, INC.

Principal Place of Business

Mailing Address

**1000 JERSEY LANE NE
 PALM BAY FL 32905**

**1000 JERSEY LANE NE
 PALM BAY FL 32905-5519**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1320956

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WESLEY, JOHN
 781 RIVIERA DR NE
 PALM BAY FL 32905**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** Delete
 NAME **WESLEY, JOHN**
 STREET ADDRESS **781 RIVIERA DR NE**
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **CHANLEY, MATTIE**
 STREET ADDRESS **1175 CRAFTSLAND LN NE**
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **VD**
 STREET ADDRESS **HARBIN, BARBARA**
 CITY-ST-ZIP **876 BRISBANE STREET NE
 PALM BAY, FL 32907**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

John Wesley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN WESLEY

3/16/00

321-723-8032

Date

Daytime Phone #

CR2E037 (9/99)