

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703503

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1320956

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WESLEY, JOHN
781 RIVIERA DR NE
PALM BAY FL 32905

7. Name and Address of New Registered Agent

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

John W. Wesley

John W. Wesley

3-14-01

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HARBIN, BARBARA
876 BRISBANE STREET NE
PALM BAY FL 32907 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Clara Powers
933 Watroak Dr. NE
Palm Bay FL 32905 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 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 W. Wesley
John W. Wesley

3-14-01

(321) 723-8032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0028006

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90071 030 ****61.25



DO NOT WRITE IN THIS SPACE