


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



02162004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1320958	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE REV. John W WESLEY John W Wesley 2-17-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000089267
03/01/04-80008-016 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WESLEY, JOHN 781 RIVIERA DR NE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHANLEY, MATTIE 1175 CRAFTSLAND LN NE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLUNIE, ASHFORD 963 SIERRA PLACE NE PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POWERS, CLARA 933 WATEROAK DR. NE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 2-16-04 723-8032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #