

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 733717 (3)

1. Corporation Name

THE CHURCH OF OUR SAVIOUR (EPISCOPAL) INC,



Principal Place of Business

Mailing Address

C/O REV. TIMOTHY J. SHAW  
200 N.W. 3RD ST.  
OKEECHOBEE FL 34972

C/O REV. TIMOTHY J. SHAW  
200 N.W. 3RD ST.  
OKEECHOBEE FL 34972

3. Date Incorporated or Qualified

09/03/1975

3a. Date of Last Report

03/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2351322

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAW, REV. TIMOTHY J.  
200 N.W. 3RD STREET  
OKEECHOBEE FL 34972

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

*Timothy J. Shaw*

Signature, typed or printed name of registered agent, if applicable

1/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SHAW, TIMOTHY J.  
STREET ADDRESS 200 N W 3RD ST  
CITY-ST-ZIP OKEECHOBEE, FL 00000

11 TITLE D ☐ Change ☒ Addition

12 NAME Tom Murray  
13 STREET ADDRESS 307 SE 8th.Avenue  
14 CITY-ST-ZIP Okeechobee, FL. 34974

TITLE VD ☐ DELETE

NAME BRYANT, JERRY  
STREET ADDRESS 1789 SW 3RD AVE.  
CITY-ST-ZIP OKEECHOBEE FL

21 TITLE D ☐ Change ☒ Addition

22 NAME Ragsdale, Ray  
23 STREET ADDRESS 1006 NW 6th. Street  
24 CITY-ST-ZIP Okeechobee, FL. 34972

TITLE D ☐ DELETE

NAME BREWER, FRITZ  
STREET ADDRESS 104 SE 16TH STREET  
CITY-ST-ZIP OKEECHOBEE FL

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE TD ☐ DELETE

NAME MYERS, JAMES  
STREET ADDRESS 2805 SW 38TH AVE  
CITY-ST-ZIP OKEECHOBEE FL

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME BURDESHAW, EMILY  
STREET ADDRESS 2201 SW 28TH STREET, VILLA 20  
CITY-ST-ZIP OKEECHOBEE FL

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME FULFORD, TIM  
STREET ADDRESS 2561 SW 3RD AVENUE  
CITY-ST-ZIP OKEECHOBEE FL

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Timothy J. Shaw*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96

741 763 4843

Date

Daytime Phone #

CR2E037 (12/95)