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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 34972C/O REV. TIMOTHY J. SHAW
200 N.W. 3RD ST.
OKEECHOBEE FL 34972-41253. Date Incorporated or Qualified
09/03/19753a. Date of Last Report
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MURRAY, TOM	
STREET ADDRESS	307 SE 8TH AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAGSDALE, RAY	
STREET ADDRESS	1006 NW 6TH STREET	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BREWER, FRITZ	
STREET ADDRESS	104 SE 16TH STREET	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MYERS, JAMES	
STREET ADDRESS	2805 SW 36TH AVE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURDESHAW, EMILY	
STREET ADDRESS	2201 SW 28TH STREET, VILLA 20	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FULFORD, TIM	
STREET ADDRESS	2561 SW 3RD AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL	

1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Giles, James	
1.3 STREET ADDRESS	2968 Hwy 710	
1.4 CITY-ST-ZIP	Okeechobee, FL 34974	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rieffel, Karen	
2.3 STREET ADDRESS	3035 NE 52nd. Drive	
2.4 CITY-ST-ZIP	Okeechobee, FL 34972	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hill, Marcia	
3.3 STREET ADDRESS	32801 N Hwy 441, #41	
3.4 CITY-ST-ZIP	Okeechobee, FL 34972	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Seder, Linda	
4.3 STREET ADDRESS	399 SW 18th. Street	
4.4 CITY-ST-ZIP	Okeechobee, FL 34974	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Waggaman, Billy	
5.3 STREET ADDRESS	PO Box 610	
5.4 CITY-ST-ZIP	Lorida, FL 33857	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0071331

CR2E037 (9/96)