SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733717

Corporation Name

THE CHURCH OF OUR SAVIOUR (EPISCOPAL) INC,

Principal Place of Business

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

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

FILED Aug 10, 1999 8:00 am Secretary of State

08-10-1999 90013 009 ****61.25





2. Principal Pl	2. Principal Place of Business 2a. Mailing Address					ed			
21 Clo Rev. Reinel Castro 25 Clo Rev. Reinel Cast				lastro	09/03/1975			-	
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number		App	lied For	
27					59-2351322		Not	Applicable	
City & State City & State 23 28					5. Certifcate of Status Desired	. .	\$8.75 A		
Zip	Country Zip			**	6. Election Campaign Financia	ng —	\$5.00 N	Mav Be	
24	25	29 30	0		Trust Fund Contribution	"'y 🗆	Added to		
24	9. Name and Address of Current		,	10. Name and Address of New Registered Agent					
81 Name C 2 al - P · (1	
SHAW, REV. TIMOTHY J.				82 Street Address (P.O. Box Number is Not Acceptable)					
200 N.W. 3RD STREET			200 NW 3rd St.						
		83		0 NW 21.0 2 =					
OKEECHOBEE FL 34972									
Ì			. 84	city OK	eechobee	FL	85 Zip C 34	972]	
11. Pursuant to the provisions of Sections (1705)? and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, it am familiar with land acceptable of objection 617.0503, Florida Statutes.									
SIGNATURE AND SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent	signature required v		DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO	OFFICERS AN			
TITLE	VD /	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition	
NAME	MURRAY, TOM		1.2 NAME						
STREET ADDRESS	307 SE 8TH AVENUE		1.3 STREET	ADDRESS					
CITY-ST-ZIP	OKEECHOBEE FL 34974		1.4 CITY-ST	-ZIP					
TITLE	D	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition	
NAME	RAGSDALE, RAY		2.2 NAME						
STREET ADDRESS	1006 NW 6TH STREET		2.3 STREET	ADDRESS					
CITY-\$T-21P	OKEECHOBEE FL		2.4 CITY-ST	r-ZIP	<u>- </u>				
TITLE	TD	☐ DELETE	3.1 TITLE				☐ Change	☐ Addition	
NAME	DAVIS, JEFF		3.2 NAME						
STREET ADDRESS	7856 HWY 70 E		3.3 STREET	ADDRESS					
CITY-ST-ZIP	OKEECHOBEE FL 34974		3.4. CITY-ST	r-ZIP					
TITLE	D	☐ DELETE	4.1 TITLE				Change	☐ Addition	
NAME	LUSTER, STELLA		4. 2 NAME					ſ	
STREET ADDRESS	1960 S.E. 9TH AVE		4.3 STREET	ADORESS					
CITY-ST-ZIP	OKEECHOBEE FL 34974	,	4.4 CITY-ST	-ZIP					
TITLE	D	☐ DELETE	5.1 TITLE				Change	☐ Addition	
NAME	BURDESHAW, EMILY		5.2 NAME						
STREET ADDRESS	2201 SW 28TH STREET, VILLA	20	5.3 STREET	ADDRESS				ļ	
CITY-ST-ZIP	OKEECHOBEE FL	 -	5.4 CITY-ST	-ZIP					
TITLE	D ·	☐ DELETE	6.1 TTTLE				Change	Addition	
NAME .	WOLFF, BONNIE		6.2 NAME						
STREET ADDRESS	812 S.E. 12TH ST		6.3 STREET	ADDRESS					
CITY-ST-ZIP	OKEECHOBEE FL 34974		6.4 CITY-ST	-ZIP					

14. 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 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

7/3/99

467-1763

R2E037 (5/99)