

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733717

1. Entity Name

THE CHURCH OF OUR SAVIOUR (EPISCOPAL) INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90015 017 ****61.25

Principal Place of Business

C/O REV REINEL CASTRO
200 N.W. 3RD ST.
OKEECHOBEE FL 34972

Mailing Address

C/O REV REINEL CASTRO
200 N.W. 3RD ST.
OKEECHOBEE FL 34972

2. Principal Place of Business

C/O REV. DR. EDWARD WEISS

3. Mailing Address

C/O REV. DR. EDWARD WEISS, OSB

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2351322

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTRO, REV REINEL
200 N.W. 3RD STREET
OKEECHOBEE FL 34972

7. Name and Address of New Registered Agent

Name

REV. DR. EDWARD WEISS, OSB

Street Address (P.O. Box Number is Not Acceptable)

200 N W 3RD ST.

City

OKEECHOBEE

FL

Zip Code

34972

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

Rev Dr. Edward Weiss, OSB

7/12/00

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

After September 13, 2000 min. will be \$236.25

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 VD ☐ Delete
NAME MURRAY, TOM
STREET ADDRESS 307 SE 8TH AVENUE
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE D ☐ Delete
NAME RAGSDALE, RAY
STREET ADDRESS 1006 NW 6TH STREET
CITY-ST-ZIP OKEECHOBEE FL

TITLE TD ☐ Delete
NAME DAVIS, JEFF
STREET ADDRESS 7856 HWY 70 E
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE D ☐ Delete
NAME LUSTER, STELLA
STREET ADDRESS 1960 S.E. 9TH AVE
CITY-ST-ZIP OKEECHOBEE FL 34974

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

TITLE D ☐ Delete
NAME WOLFF, BONNIE
STREET ADDRESS 812 S.E. 12TH ST
CITY-ST-ZIP OKEECHOBEE FL 34974

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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:

Signature Required Thomas R Murray 7/12/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)