

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 733717**

1. Entity Name

THE CHURCH OF OUR SAVIOUR (EPISCOPAL) INC.**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90087 040 ****61.25

Principal Place of Business

C/O REV EDWARD WEISS
200 N.W. 3RD ST.
OKEECHOBEE FL 34972

Mailing Address

C/O REV EDWARD WEISS
200 N.W. 3RD ST.
OKEECHOBEE FL 34972

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-235 1322

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

7. Name and Address of New Registered Agent

EDWARD, WEISS REV
200 N.W. 3RD STREET
OKEECHOBEE FL 34972

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MURRAY, TOM
307 SE 8TH AVENUE
OKEECHOBEE FL 34974 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RAGSDALE, RAY
1006 NW 6TH STREET
OKEECHOBEE FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DAVIS, JEFF
7856 HWY 70 E
OKEECHOBEE FL 34974 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LUSTER, STELLA
1960 S.E. 9TH AVE
OKEECHOBEE FL 34974 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BURDESHAW, EMILY
2201 SW 28TH STREET, VILLA 20
OKEECHOBEE FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WOLFF, BONNIE
812 S.E. 12TH ST
OKEECHOBEE FL 34974 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/01 863-763-4843

CR2E037 (10/00)