

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-18-2002 90495 026 ****61.25

DOCUMENT # 733717

1. Entity Name

THE CHURCH OF OUR SAVIOUR (EPISCOPAL) INC.

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

Zip

Country

Zip

Country

4. FEI Number

59-2351322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **WEISS, REV. DR. EDWARD A.**

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 \$61.25

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 8TH 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 **1900 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 **P** ☐ Change ☒ Addition
 NAME **BUXTON, PAUL**
 STREET ADDRESS **2517 SW 22 CIRCLE**
 CITY-ST-ZIP **OKEECHOBEE, FL. 34974**

TITLE **VP** ☐ Change ☒ Addition
 NAME **DIESSLIN, CARL**
 STREET ADDRESS **4065 SW 9TH WAY**
 CITY-ST-ZIP **OKEECHOBEE, FL. 34974**

TITLE **T** ☐ Change ☒ Addition
 NAME **KAUFMAN, BILL**
 STREET ADDRESS **1232 SW 18 TERRACE**
 CITY-ST-ZIP **OKEECHOBEE, FL. 34974**

TITLE **&** ☐ Change ☒ Addition
 NAME **WALLACE, MICHAEL + (D)**
 STREET ADDRESS **5610 NE 56 PARKWAY**
 CITY-ST-ZIP **OKEECHOBEE, FL. 34972**

TITLE **(D)** ☐ Change ☒ Addition
 NAME **STARK, BRAD (D)**
 STREET ADDRESS **6990 SW 9TH ST.**
 CITY-ST-ZIP **OKEECHOBEE, FL. 34974**

TITLE **(D)** ☐ Change ☒ Addition
 NAME **PENNINGTON, BILL (D)**
 STREET ADDRESS **12750 NE 22 AVE**
 CITY-ST-ZIP **OKEECHOBEE, FL. 34972**

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 of Paul Buxton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02 863.763-4843

Date

Daytime Phone #

CR2E037 (9/01)