

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90041 036 ****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

THE VERY REV. DR.
EDWARD WEISS, OSB



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

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

VERY REV. DR.
EDWARD A. WEISS, OSB

Name

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

City

FL

Zip Code

8. The above named entity submits this statement of the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BUXTON, PAUL	
STREET ADDRESS	2517 SW 22 CIRCLE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DISSLIN, CARL	
STREET ADDRESS	4065 SW 9TH WAY	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KAUFMAN, BILL	
STREET ADDRESS	1232 SW 18 TERRANCE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, MICHAEL	
STREET ADDRESS	5610 NE 56 PARKWAY	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	D	<input type="checkbox"/> Delete
NAME	STARK, BRAD	
STREET ADDRESS	6990 SW 9TH ST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PENNINGTON, BILL	
STREET ADDRESS	12750 NE 22 AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAM Chesley	
STREET ADDRESS	RL6 BOX 818	
CITY-ST-ZIP	Okeechobee, FL 34974	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vincent E. Malone	
STREET ADDRESS	2253 SW 3rd Ct	
CITY-ST-ZIP	Okeechobee FL 34974	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raulenson, Phoebe	
STREET ADDRESS	3898 NW 144th Dr	
CITY-ST-ZIP	Okeechobee, FL 34972	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAD STARK	
STREET ADDRESS	6990 SW 9th St	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wiersma, Toni	
STREET ADDRESS	408 SW 1st St	
CITY-ST-ZIP	Okeechobee, FL 34974	

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: *Brad Stark* **BRAD STARK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-04

Date

863-763-3117

Daytime Phone #