

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90305 027 ****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**

50011924



02072006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2351322		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent WEISS, EDWARD A DR 200 N.W. 3RD STREET OKEECHOBEE, FL 34972				7. Name and Address of New Registered Agent Name REV. DR. EDWARD A. WEISS, OSB, APC Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	CHESLEY, PAM	NAME	ROBERT BROWNING				
STREET ADDRESS	R6 BOX 818	STREET ADDRESS	2985 NE 52ND DRIVE				
CITY-ST-ZIP	OKEECHOBEE, FL 34974	CITY-ST-ZIP	OKEECHOBEE, FL 34972				
TITLE	VP JUNIOR WARDEN	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DISSLIN, CARL	NAME	MARY ANN MURRAY				
STREET ADDRESS	4065 SW 9TH WAY	STREET ADDRESS	307 SE 8TH AVE				
CITY-ST-ZIP	OKEECHOBEE, FL 34974	CITY-ST-ZIP	OKEECHOBEE, FL 34974				
TITLE	D SENIOR WARDEN	TITLE	WILLIE SAULS	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MALONE, VINCENT E	NAME	3311 NW 25TH AVE				
STREET ADDRESS	2253 SW 3RD CT	STREET ADDRESS	OKEECHOBEE, FL 34972				
CITY-ST-ZIP	OKEECHOBEE, FL 34974	CITY-ST-ZIP	OKEECHOBEE, FL 34972				
TITLE	TD	TITLE	KAREN BROWNING	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	KAUFMAN, BILL	NAME	2985 NE 52ND DR.				
STREET ADDRESS	1232 SOUTHWEST 18TH TERRACE	STREET ADDRESS	OKEECHOBEE, FL 34972				
CITY-ST-ZIP	OKEECHOBEE, FL 34974	CITY-ST-ZIP	OKEECHOBEE, FL 34972				
TITLE	D	TITLE	LYNN GREENSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	RAULERSON, PHOEBE	NAME	389C NW 144TH DR.				
STREET ADDRESS	3698 NORTHWEST 144 DRIVE	STREET ADDRESS	OKEECHOBEE, FL 34972				
CITY-ST-ZIP	OKEECHOBEE, FL 34972	CITY-ST-ZIP	OKEECHOBEE, FL 34972				
TITLE	D	TITLE	SHARON WALLACE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	BRYANT, JERRY	NAME	910 SE 14 CT.				
STREET ADDRESS	1789 12TH TERRACE	STREET ADDRESS	OKEECHOBEE, FL 34974				
CITY-ST-ZIP	OKEECHOBEE, FL 34974	CITY-ST-ZIP	OKEECHOBEE, FL 34974				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: CARL F. DISSLIN **CARL DISSLIN** 3/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #