2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State
04-14-2008 90064 006 ****61.25

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DOCUMENT # 733717

1. Entity Name
THE CHURCH OF OUR SAVIOUR (EPISCOPAL) INC,

Principal Place of Business	Mailing Address
C/O REV EDWARD WEISS 200 N.W. 3RD ST. OKEECHOBEE, FL 34972	C/O REV EDWARD WEISS 200 N.W. 3RD ST. OKEECHOBEE, FL 34972

03112008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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

THE VERY REV. DR. EDWARD A. WIESS
200 N.W. 3RD STREET
OKEECHOBEE, FL 34972

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Very Rev Dr. Edward A Wiess+, OSB, APC
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BRYANT, JERRY 1789 SW 12 TERRACE OKEECHOBEE, FL 34974	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARL DIESSLIN 4065 SW 9TH WAY OKEECHOBEE, FL 34974	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SAULS, WILLIE 3311 NW 25 AVE OKEECHOBEE, FL 34972	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERT BROWNING 2985 NE 52ND DR OKEECHOBEE, FL 34972	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WIERSHA, TONI 408 SW 15 ST OKEECHOBEE, FL 34974	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WIERSMA, TONI 408 SW 15 ST OKEECHOBEE, FL 34974	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BROWNING, KAREN 2985 NE 52ND DR OKEECHOBEE, FL 34972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAREN BROWNING 2985 NE 52 DR OKEECHOBEE, FL 34972	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREESON, LYNN 3856 NW 144TH DR OKEECHOBEE, FL 34972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GREESON, LYNN 3856 NW 144 DR OKEECHOBEE, FL 34972	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLACE, SHARON 910 SE 14TH CT OKEECHOBEE, FL 34974	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WALLACE, SHARON 910 SE 14 CT OKEECHOBEE, FL 34974	☑ Change ☐ Addition

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 Diesslin CARL DIESSLIN 4/9/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #