

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90123 013 \*\*\*\*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

7. Name and Address of New Registered Agent

**WEISS, EDWARD A DR  
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. 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 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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **BUXTON, PAUL**  
STREET ADDRESS **2517 SW 22 CIRCLE**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **DISSLIN, CARL**  
STREET ADDRESS **4065 SW 9TH WAY**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **KAUFMAN, BILL**  
STREET ADDRESS **1232 SW 18 TERRANCE**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **WALLACE, MICHAEL**  
STREET ADDRESS **5610 NE 56 PARKWAY**  
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **STARK, BRAD**  
STREET ADDRESS **6990 SW 9TH ST**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **PENNINGTON, BILL**  
STREET ADDRESS **12750 NE 22 AVE**  
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Paul M. Buxton*

01-20-03 863-763-1984

CR2E037 (10/02)

Attachment

7001642

7133717

Please note  
the correct title  
of current Agent is  
REV. DR. EDWARD  
A. WEISS, OSB