FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2: 18

DOCUMENT # 748904 (0)

1. Corporation Name

OUR SAVIOR'S COMMUNITY CHURCH OF SEMINOLE COUNTY , INC.

Principal Place of Business
4600 GABRIELLA LANE
OVIEDO FL 32765-8690
US

Mailing Address
% LEROY M. LONG
4600 GABRIELLA LANE
OVIEDO FL 32765-8690
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1979
3a. Date of Last Report: 07/28/1994
4. FEI Number: 59-1979473 — Applied For / Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LONG, LEROY M.
1103 BLACK ACRE TRAIL
CASSELBERRY FL 32708

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LONG, LEROY
STREET ADDRESS	1103 BLACK ACRE TRAIL
CITY-ST-ZIP	CASSELBERRY FL
TITLE	V
NAME	WATSON, DAN
STREET ADDRESS	2448 CREEKVIEW CIR.
CITY-ST-ZIP	OVIEDO FL
TITLE	T
NAME	WILLIAMS, DOROTHY A.
STREET ADDRESS	220 BENNETT ST.
CITY-ST-ZIP	SINTER SPGS. FL
TITLE	D
NAME	BORSUM, DOUGLAS C.
STREET ADDRESS	1505 SOUTHWIND CT.
CITY-ST-ZIP	CASSELBERRY FL
TITLE	D
NAME	BORSUM, CHRISTINE
STREET ADDRESS	1505 SOUTHWIND CT.
CITY-ST-ZIP	CASSELBERRY FL
TITLE	D
NAME	THOMPSON, JEAN W.
STREET ADDRESS	434 PALM VALLEY DR.
CITY-ST-ZIP	OVIEDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: D.A. Williams Treasurer 2-3-95 407-299-0019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D.A. WILLIAMS TREASURER

0032062