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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

748904

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

, INC.								
Principal Place	of Business	Mailing Address	s			1 188151 18811 B1665 16118 18111 281	II 8181 81811 81811 81811	4:01: 4:01: B:0:: :90:
4600 GABRIELLA LANE OVIEDO FL 32765-8690 US		% LEROY M. LONG 4600 GABRIELLA LANE OVIEDO FL 32765-8690						
03		US				3. Date Incorporated or Qualified 09/13/1979	3a. Date of L 02/1	ast Report 0/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Number 59-1979473		Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1	.75 Additional ee Required
City & State	3	City & State				Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip Country		Zip	Zip Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	9 Name and Address of Currer					10. Name and Address of New	Registered Agent	
	<u>.</u>	- gg		81	Name			
LONG, LEROY M. 1103 BLACK ACRE TRAIL				82	Street Ac	ress (P.O. Box Number is Not Acceptable)		
	BERRY FL 32708			83				
				84	City		FL 65	Zip Code
or register familiar wit	to the provisions of Sections 617.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sec	ida. Such chance wa	s authorized by t	above- he corp	named corp loration's bo	oration submits this statement for the public pard of directors. I hereby accept the app	rpose of changing pointment as regist	its registered office ered agent. I am
SIGNATURE _	Signature typed or printed name of registered agen	t and title if applicable	(NOTE: Regis	stered Age	nt signature req	uired when reinstating)	DATE	
12.		ID DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRE	CTORS IN 12
TITLE	P	DELETE 111		1 1 TITLE			Cha	nge 🔲 Addition
NAME	LONG, LEROY			1 2 NAME				
STREET ADDRESS	1103 BLACK ACRE TRAIL		.	1.3 STREE	ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL			1.4 CITY-1	ST-ZIP	<u> </u>		
TITLE	V	D	ELETE	2.1 TITLE			Cha	nge 🔲 Addition
NAME	WATSON, DAN		L	2 2 NAME				
STREET ADDRESS	2448 CREEKVIEW CIR.			2.3 STREE	T ADDRESS			
CITY-ST-ZIP	OVIEDO FL			2. 4 CITY-	ST-ZIP			
TITLE	T			3.1 TITLE			☐ Cha	inge Addition
NAME	WILLIAMS, DOROTHY A.		1	3 2 NAME				
STREET ADDRESS	220 BENNETT ST.			3 3 STREE	T ADDRESS			
CITY-ST-ZIP	SINTER SPGS. FL		L	3.4. CITY-	ST-ZIP			
TITLE	D			4.1 TITLE			☐ Cha	ange 🔲 Addition
NAME	BORSUM, DOUGLAS C.			4. 2 NAME				
STREET ADDRESS	1505 SOUTHWIND CT.			4.3 STREE	T ADORESS			
CITY-ST-ZIP	CASSELBERRY FL			4.4 CITY -	ST-ZIP			
TITLE	D			5.1 TITLE			Cha	inge Addition
NAME	BORSUM, CHRISTINE]	5.2 NAME	-			
STREET ADDRESS	1505 SOUTHWIND CT.			53 STREE	T ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL			5.4 CITY-				
TITLE	D			G.1 TITLE			☐ Cha	ange Addition
NAME	THOMPSON, JEAN W.	_		6 2 NAME				
STREET ADDRESS	434 PALM VALLEY DR.				T ADDRESS			

OVIEDO FL 6.4 CITY-ST-ZIP 14. Ido 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 12 or Block 12 or on an attachment with an acidress.

SIGNATURE: