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FILED

May 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748904 (0)

1. Corporation Name

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

Principal Place of Business

4600 GABRIELLA LANE
OVIEDO FL 32785-8690
US

Mailing Address

% LEROY M. LONG
4600 GABRIELLA LANE
OVIEDO FL 32785-8690
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 PO Box 1554

Suite, Apt. #, etc.

27 City & State

28 GOLDENROD FL

29 Zip

32733-1554

Country

30

3. Date Incorporated or Qualified

09/13/1979

3a. Date of Last Report

04/17/1996

4. FEI Number

59-1979473

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

JUDY WATSON

82 Street Address (P.O. Box Number is Not Acceptable)

2548 CREEKVIEW CIRCLE

83

84 City

OVIEDO

FL

85 Zip Code

32765

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Judy E. Watson

JUDY E. WATSON, TREASURER

4-18-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME LONG, LEROY
STREET ADDRESS 1103 BLACK ACRE TRAIL
CITY-ST-ZIP CASSELBERRY FLTITLE V ☐ DELETE
NAME WATSON, DAN
STREET ADDRESS 2448 CREEKVIEW CIR.
CITY-ST-ZIP OVIEDO FLTITLE T ☐ DELETE
NAME WILLIAMS, DOROTHY A.
STREET ADDRESS 220 BENNETT ST.
CITY-ST-ZIP SINTER SPGS. FLTITLE D ☐ DELETE
NAME BORSUM, DOUGLAS C.
STREET ADDRESS 1505 SOUTHWIND CT.
CITY-ST-ZIP CASSELBERRY FLTITLE D ☒ DELETE
NAME BORSUM, CHRISTINE
STREET ADDRESS 1505 SOUTHWIND CT.
CITY-ST-ZIP CASSELBERRY FLTITLE D ☒ DELETE
NAME THOMPSON, JEAN W.
STREET ADDRESS 434 PALM VALLEY DR.
CITY-ST-ZIP OVIEDO FL1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ZIP 327082.1 TITLE ☒ Change ☐ Addition
2.2 NAME WATSON, DANIEL M
2.3 STREET ADDRESS 2548 CREEKVIEW CIR.
2.4 CITY-ST-ZIP OVIEDO FL 327653.1 TITLE ☒ Change ☐ Addition
3.2 NAME DIRECTOR
3.3 STREET ADDRESS 318 MYERS DRIVE
3.4 CITY-ST-ZIP HARTLY, DE 199534.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 616 FIELD CLUB CIRCLE
4.4 CITY-ST-ZIP CASSELBERRY FL 327075.1 TITLE ☐ Change ☐ Addition
5.2 NAME DIRECTOR
5.3 STREET ADDRESS INGE, PERCY
5.4 CITY-ST-ZIP 8221 ESPERANZE
ORLANDO FL 328176.1 TITLE ☐ Change ☐ Addition
6.2 NAME TREASURER
6.3 STREET ADDRESS WATSON, JUDY E.
6.4 CITY-ST-ZIP 2548 CREEKVIEW CIRCLE
OVIEDO FL 32765

14. I do 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 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:

Judy E. Watson

JUDY E. WATSON, TREASURER

4-18-97

407-657-5969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014489

CP2E037 (9/96)