

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N41138 (1)

1. Corporation Name

CHURCH OF OUR SAVIOR, METROPOLITAN COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

4770 BOCA RATON BLVD., S-C
BOCA RATON FL 33431

4770 BOCA RATON BLVD., S-C
BOCA RATON FL 33431



800001858828

-06/11/96--01175--004

***70.00

3. Date Incorporated or Qualified
12/03/1990

3a. Date of Last Report
02/17/1995

4. FEI Number
65-0238758

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4770 NW 2nd Ave, Suite C

26 4770 NW 2nd Ave, Suite C

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Boca Raton, Florida

28 Boca Raton, Florida

Zip

Zip

24 33431

29 33431

Country

Country

25 Palm Beach

30 Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~JACOBSON, JONIFFE~~
4770 BOCA RATON BLVD.
S-C
BOCA RATON FL 33431

81 Name

SUE JANIS

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

4770 N.W. 2nd Ave., Suite C

83

84

City Boca Raton

FL

85 Zip Code 33431

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

Treasurer

(NOTE: Registered Agent signature required when reappointing)

31 March 96

DATE

12. OFFICERS AND DIRECTORS

TITLE SRA ☒ DELETE
NAME JACOBS, JOHN F.
STREET ADDRESS 2830 NE 11 ST
CITY-ST-ZIP POMPANO BEACH FL

TITLE DVM ☒ DELETE
NAME WEEKLEY, KIM
STREET ADDRESS 20852 W2 MADIERA DR
CITY-ST-ZIP BOCA RATON FL

TITLE T ☐ DELETE
NAME JANIS, SUE
STREET ADDRESS 2011 SAN REMO WAY
CITY-ST-ZIP DELRAY BEACH FL

TITLE S ☒ DELETE
NAME AKERS, MICHAEL
STREET ADDRESS 1220 NW 16 CT #2
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~WEEKLEY, KIM~~ ☐ Change ☒ Addition
1.2 NAME ~~PAT SENTRY~~
1.3 STREET ADDRESS ~~4770 N.W. 2nd Ave, Suite C~~
1.4 CITY-ST-ZIP ~~Boca Raton, Florida 33431~~

2.1 TITLE ~~S~~ ☐ Change ☒ Addition
2.2 NAME ~~MARIE CHRISTINE LEAVITT~~
2.3 STREET ADDRESS ~~4770 N.W. 2nd Ave, Suite C~~
2.4 CITY-ST-ZIP ~~Boca Raton, Florida 33431~~

3.1 TITLE ~~S~~ ☒ Change ☐ Addition
3.2 NAME ~~JANIS, SUE~~
3.3 STREET ADDRESS ~~4770 N.W. 2nd Ave.~~
3.4 CITY-ST-ZIP ~~Boca Raton, Florida 33431~~

4.1 TITLE ~~PAT SENTRY~~ ☐ Change ☒ Addition
4.2 NAME ~~PAT SENTRY~~
4.3 STREET ADDRESS ~~480 N.E. 35th Street~~
4.4 CITY-ST-ZIP ~~Boca Raton, Florida 33431~~

5.1 TITLE ~~S~~ ☐ Change ☒ Addition
5.2 NAME ~~MARIE CHRISTINE LEAVITT~~
5.3 STREET ADDRESS ~~900 N.W. 21st Way~~
5.4 CITY-ST-ZIP ~~Delray Beach, Florida 33445~~

6.1 TITLE
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUE JANIS

31 March 96

407-998-0454

Date

Daytime Phone

CR2E037 (12/95)