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Jan 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 NW 2ND AVE. SUITE C BOCA RATON FL 33431
4770 NW 2ND AVE. SUITE C BOCA RATON FL 33431-4823

3. Date Incorporated or Qualified 12/03/1990
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21 2a. Mailing Address 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country
4. FEI Number 65-0238758 Applied For Not Applicable
5. Certificate of Status Desired [X] \$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 [X] Yes [] No

9. Name and Address of Current Registered Agent
JANIS, SUE
4770 NW 2ND AVE.
SUITE C
BOCA RATON FL 33431
10. Name and Address of New Registered Agent
81 Name TYRONE SWEETING
82 Street Address (P.O. Box Number is Not Acceptable) 4770 N.W. 2ND AVE.
83 Suite C
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] Tyronne Sweeting 12 JAN 97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS
TITLE DT [] DELETE
NAME JANIS, SUE
STREET ADDRESS 4770 NW 2ND AVE.
CITY-ST-ZIP BOCA RATON FL 33431
TITLE D [] DELETE
NAME SANTRY, PAT
STREET ADDRESS 480 NE 35TH ST.
CITY-ST-ZIP BOCA RATON FL 33431
TITLE D [] DELETE
NAME LEAVITT, MARIE C
STREET ADDRESS 900 NW 21ST WAY
CITY-ST-ZIP DELRAY FL 33445
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D [] Change [X] Addition
1.2 NAME TYRONE SWEETING
1.3 STREET ADDRESS 4770 NW 2ND AVE,
1.4 CITY-ST-ZIP BOCA RATON, FL 33431
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 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: [Signature] Tyronne Sweeting 12 JAN 97 561-988-0454
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038592

CR2E037 (9/96)