

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41138 (1)

1. Corporation Name
CHURCH OF OUR SAVIOR, METROPOLITAN COMMUNITY CHURCH, INC.

Principal Place of Business 4770 NW 2ND AVE. SUITE C BOCA RATON FL 33431	Mailing Address 4770 NW 2ND AVE. SUITE C BOCA RATON FL 33431
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3. Date Incorporated or Qualified
12/03/1990

4. FEI Number 65-0238758	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 2011 S. Federal Hwy. Suite, Apt. #, etc.	2a. Mailing Address 25 2011 S. Federal Hwy. Suite, Apt. #, etc.
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

23 City & State Baynton Beach, Fl.	27 City & State Baynton Beach, Fl.
24 Zip 33435	25 Country Palm Beach
29 Zip 33435	30 Country Palm Beach

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

SWEETING, TYRONE
4770 NORTHWEST 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) 2011 S. Federal Hwy.
83
84 City Baynton Beach
85 Zip Code FL 33435

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE DT	<input checked="" type="checkbox"/> DELETE
NAME JANIS, SUE	
STREET ADDRESS 4770 NW 2ND AVE.	
CITY-ST-ZIP BOCA RATON FL 33431	
TITLE D	<input type="checkbox"/> DELETE
NAME SANTRY, PAT	
STREET ADDRESS 480 NE 35TH ST.	
CITY-ST-ZIP BOCA RATON FL 33431	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME LEAVITT, MARIE C	
STREET ADDRESS 900 NW 21ST WAY	
CITY-ST-ZIP DELRAY FL 33445	
TITLE D	<input type="checkbox"/> DELETE
NAME SWEETING, TYRONE	
STREET ADDRESS 4770 NW 2ND AVE	
CITY-ST-ZIP BOCA RATON FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME JOE FARKAS	
1.3 STREET ADDRESS 2011 S. Federal Hwy.	
1.4 CITY-ST-ZIP Baynton Beach, Fl. 33435	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Tyrone Sweeting	
4.3 STREET ADDRESS 2011 S. Federal Hwy.	
4.4 CITY-ST-ZIP Baynton Beach, Fl. 33435	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: Patricia A. Santry Pat Santry 1/10/98 392-1208

CR2E037 (10/97)