NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 14, 1999 8:00 am § Secretary of State

04-14-1999 90087 021 \*\*\*\*70.00

## **DOCUMENT # N41138**

1. Corporation Name

CHURCH OF OUR SAVIOR, METROPOLITAN COMMUNITY CHURCH, INC.

Principal Place of Business 2011 S FEDERAL HWY BOYNTON BEACH FL 33435 US Mailing Address

2011 S FEDERAL HWY BOYNTON BEACH FL 33435

US

23	Applied For Not Applicable 75 Additional e Required 00 May Be ded to Fees  Zip Code g its registered
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Suite Apt. #, etc.  City & State  City & State  Suite, Apt. #, etc.  4. FEI Number 65-0238758  5. Certificate of Status Desired  Fee  State  Trust Fund Contribution  Add  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  SWEETING, TYRONE 2011 S FEDERAL HWY  SUITE C  BOYNTON BEACH FL 33435  84 City  FL 85 Z  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 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	Not Applicable 75 Additional 9 Required 00 May Be ded to Fees  Zip Code
222 City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  SWEETING, TYRONE  2011 S FEDERAL HWY  SUITE C  BOYNTON BEACH FL 33435  10. Name and Address of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	Not Applicable 75 Additional 9 Required 00 May Be ded to Fees  Zip Code
City & State  5. Certificate of Status Desired  Fee  Zip  Country  Zip  Country  6. Election Campaign Financing  Trust Fund Contribution  Add  9. Name and Address of Current Registered Agent  81 Name  SWEETING, TYRONE  2011 S FEDERAL HWY  SUITE C  BOYNTON BEACH FL 33435  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL  85 Z  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 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	75 Additional e Required 00 May Be ded to Fees  Zip Code
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Zip Country Zip Country 6. Election Campaign Financing S5.1  Trust Fund Contribution Add  9. Name and Address of Current Registered Agent  81 Name  SWEETING, TYRONE  201 S FEDERAL HWY  SUITE C  BOYNTON BEACH FL 33435  82 Street Address (P.O. Box Number is Not Acceptable)  83 Suite Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Z  17 Street Address (P.O. Box Number is Not Acceptable)  18 Signature Agent  19 Street Address (P.O. Box Number is Not Acceptable)  10 Street Address (P.O. Box Number is Not Acceptable)  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 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 at agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	00 May Be ded to Fees  Zip Code
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agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	s registered
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	CTORS IN 12
Char	
III.	.gc
NAME JANIS, SUE 1.2 NAME	
STREET ADDRESS 4770 NW 2ND AVE. 1.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33431 1.4 CITY-ST-ZIP	nas 🗆 Additio
TITLE DELETE 21 TITLE Char	nge 🗌 Additio
NAME - SANTRY, PAT 22 NAME	•
STREET ADDRESS 480 NE 35TH ST. 2.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33431 2.4 CITY-ST-ZIP	
TITLE D : DELETÉ 3.1 TITLE Char	nge 🔲 Additio
NAME SWEETING, TYRONE 32 NAME	-
STREET ADDRESS 2011 S FEDERAL HWY 3.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL 33435 3.4.CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE D Char	nge Additio
NAME STEVE TABOR	
NAME  4.2 NAME  STREET ADDRESS  4.3 STREET ADDRESS  280 NE 644 AVE.	
CITY-ST-ZIP ALL REACH FL 33485	
TITLE DELETE 5.1 TITLE D	nge 🔀 Additio
NAME SAMZONE,	
STREET ADDRESS 4933 NW 64 Ct.	
CITY-ST-ZIP DEIMAR BOACH, F1, 33445	
TITLE DELETE 6.1 TITLE D Char	nge Additio
NAME SUAL ARNING	,
exemples 1 4 141 - Kent	
STREET ADDRESS 3.3 FREET ADDRE	

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, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

- April 99

Daytime Phone # .

R2E037 (11/98)