

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90143 001 ****61.25

DOCUMENT # N41138

1. Entity Name

CHURCH OF OUR SAVIOR, METROPOLITAN COMMUNITY CHU

Principal Place of Business

Mailing Address

2011 S FEDERAL HWY
 BOYNTON BEACH FL 33435
 US

2011 S FEDERAL HWY
 BOYNTON BEACH FL 33435-6906
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0238758

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWEETING, TYRONE
2011 S FEDERAL HWY
SUITE C
BOYNTON BEACH FL 33435

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **TABOR, STEVE**
 STREET ADDRESS **280 NE 6TH AVE**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D** Change Addition
 NAME **MILLER, LORING**
 STREET ADDRESS **1131 N "K" ST**
 CITY-ST-ZIP **LAKE WORTH, FL 33460**

TITLE **D** Delete
 NAME **SANTRY, PAT**
 STREET ADDRESS **480 NE 35TH ST.**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SWEETING, TYRONE**
 STREET ADDRESS **2011 S FEDERAL HWY**
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SANZONE, RO**
 STREET ADDRESS **4933 NW 6TH CT**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ARNING, JUDIE**
 STREET ADDRESS **1302 N "L" ST**
 CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JANET ARNING**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00 (561)586-4206

Date

Daytime Phone #

CDREC07 (1/00)