

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41138

1. Entity Name

CHURCH OF OUR SAVIOR, METROPOLITAN COMMUNITY CHU

Principal Place of Business

2011 S FEDERAL HWY
BOYNTON BEACH FL 33435
US

Mailing Address

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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:

FEE 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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME MILLER, LORING
STREET ADDRESS 1131 N 'K' ST
CITY-ST-ZIP Lake Worth, FL 33460

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

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