

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90308 044 ****61.25

DOCUMENT # N41138

1. Entity Name

CHURCH OF OUR SAVIOR, METROPOLITAN COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

2011 S FEDERAL HWY
 BOYNTON BEACH FL 33435
 US

2011 S FEDERAL HWY
 BOYNTON BEACH FL 33435
 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

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)

1/16/02
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
 NAME **S FRANK VITALE**
 STREET ADDRESS **3757 MIL-POND CT**
 CITY-ST-ZIP **GREENACRES FL 33463**

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

TITLE ☒ Change ☐ Addition
 NAME **D LORING MILLER**
 STREET ADDRESS **310 GREYMON DR**
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

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

TITLE ☐ Change ☒ Addition
 NAME **D JUDY ROGERS**
 STREET ADDRESS **502 SW 28TH AVE**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE ☐ Change ☒ Addition
 NAME **D SUE SCHWERTIN**
 STREET ADDRESS **6115 NAPLES DR**
 CITY-ST-ZIP **LAKEWORTH FL 33463**

TITLE ☐ Delete
 NAME **D DAVIS, MARY**
 STREET ADDRESS **2500 NW 23RD ST**
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

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

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

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:

FRANK VITALE, SECRETARY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02 (561) 968-7647
 Date Daytime Phone #

CR2E037 (9/01)