

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90039 003 ****61.25

DOCUMENT # N94000002295

1. Entity Name
CHURCH OF OUR SAVIOUR FOUNDATION, INC.



Principal Place of Business
**12236 MANDARIN RD
 JACKSONVILLE, FL 32223**

Mailing Address
**C/O ARNOLD H SLOTT
 334 E DUVAL ST
 JACKSONVILLE, FL 32202 US**

J4060198



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3244052

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**SLOTT, ARNOLD H
 334 EAST DUVAL STREET
 JACKSONVILLE, FL 32202**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **ROBBINS, GEORGE W**
 STREET ADDRESS **12550 MANDARIN ROAD**
 CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DST** Delete
 NAME **ATKINSON, MARK W**
 STREET ADDRESS **1337 RIVER PLACE DR**
 CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HOVEY, HERBERT S JR**
 STREET ADDRESS **11670 MANDARIN RD**
 CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** Delete
 NAME **SLOTT, ARNOLD H**
 STREET ADDRESS **2862 SPANISH COVE TRAIL**
 CITY-ST-ZIP **JACKSONVILLE, FL 32257**

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

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

Date

904-353-0033

Daytime Phone #