



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90111 035 ****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		
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 59-3244052				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SLOTT, ARNOLD H 334 EAST DUVAL STREET JACKSONVILLE, FL 32202				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBBINS, GEORGE W		NAME		
STREET ADDRESS	12550 MANDARIN ROAD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLOTT, ARNOLD H		NAME		
STREET ADDRESS	2862 SPANISH COVE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORROW, WILLIAM		NAME		
STREET ADDRESS	12260 MANDARIN ROAD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAISER, FRED		NAME		
STREET ADDRESS	106 CYPRESS LANDING		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32259		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  ARNOLD H. SLOTT 4/18/06 904-353-0033 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT 40056840

SLOTT, BARKER & NUSSBAUM

ATTORNEYS AT LAW

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

334 EAST DUVAL STREET
JACKSONVILLE, FLORIDA 32202
TELEPHONE (904) 353-0033
TELECOPIER (904) 355-4148

ARNOLD H. SLOTT, P.A.*
E-mail: ahsloott@bellsouth.net
EARL M. BARKER, JR., P.A.
E-mail: embarker@bellsouth.net
WILLIAM NUSSBAUM, P.A.**
E-mail: nusslaw3@bellsouth.net

* CERTIFIED CIRCUIT CIVIL MEDIATOR
** BOARD CERTIFIED REAL ESTATE LAWYER

April 19, 2006

Division of Corporations
Annual Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Church of Our Saviour Foundation, Inc.
Document # N94000002295

Ladies and Gentlemen:

I enclose the following:

- (a) Original signed 2006 Not-For-Profit Annual Report;
- (b) Arnold H. Slott, P.A.'s check no. 8553, payable to the Florida Department of State in the amount of \$61.25 to cover your fee for filing the annual report.

If you have any questions, please contact our office.

Very truly yours,

Carol-Anne Hallam

Carol-Anne Hallam, CLA
Certified Legal Assistant

:cah
Enclosures