

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002295

FILED
Apr 07, 2009
Secretary of State

Entity Name: CHURCH OF OUR SAVIOUR FOUNDATION, INC.

Current Principal Place of Business:

12236 MANDARIN RD
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3244052 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: ROBBINS, GEORGE W
Address: 12550 MANDARIN ROAD
City-St-Zip: JACKSONVILLE, FL

Title: DS () Delete
Name: SLOTT, ARNOLD H
Address: 2862 SPANISH COVE TRAIL
City-St-Zip: JACKSONVILLE, FL 32257

Title: P () Delete
Name: MORROW, WILLIAM
Address: 12260 MANDARIN ROAD
City-St-Zip: JACKSONVILLE, FL 32223

Title: T () Delete
Name: KAISER, FRED
Address: 106 CYPRESS LANDING
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNOLD H. SLOTT

DS

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date