

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733717

**Entity Name:** THE CHURCH OF OUR SAVIOUR (EPISCOPAL) INC,**Current Principal Place of Business:**C/O JAMES SHEVLIN  
200 N.W. 3RD ST.  
OKEECHOBEE, FL 34972**Current Mailing Address:**C/O REV. JAMES SHEVLIN  
200 N.W. 3RD ST.  
OKEECHOBEE, FL 34972 US**FEI Number:** 59-2351322**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHEVLIN, JAMES REV.  
200 N.W. 3RD STREET  
OKEECHOBEE, FL 34972 US*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:** REV. JAMES SHEVLIN

04/20/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR
Name	PHARR, LAURIE
Address	1504 SE 8TH DRIVE
City-State-Zip:	OKEECHOBEE FL 34974

Title	DIRECTOR
Name	LUCAS, JAMES
Address	2535 SE 31ST STREET
City-State-Zip:	OKEECHOBEE FL 34974

Title	DIRECTOR
Name	HARLOW, PEGGY
Address	13344 SW 16TH DRIVE
City-State-Zip:	OKEECHOBEE FL 34974

Title	DIRECTOR
Name	BOYD, DALLON
Address	P.O. BOX 2673
City-State-Zip:	OKEECHOBEE FL 34973

Title	SECRETARY
Name	JAHNER, MELISA
Address	3241 NW 36TH AVENUE
City-State-Zip:	OKEECHOBEE FL 34972

Title	DIRECTOR
Name	GARCIA, ANGELICA
Address	1313 NW 43RD AVE.
City-State-Zip:	OKEECHOBEE FL 34972

Title	DIRECTOR
Name	DUNCAN, DEBORAH
Address	1517 SW 7TH AVE.
City-State-Zip:	OKEECHOBEE FL 34974

Title	DIRECTOR
Name	OLIVAREZ, ROBERT
Address	PO BOX 1434
City-State-Zip:	OKEECHOBEE FL 34972

**Continues on page 2**

I hereby 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 all other like empowered.

**SIGNATURE:** SHEVLIN, JAMES C, REV.

DIRECTOR

04/20/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                 ROGERS, PAM  
Address               2715 SE 31ST STREET  
City-State-Zip:     OKEECHOBEE FL 34974

Title                 DIRECTOR  
Name                 SHEVLIN, JAMES C REV.  
Address               3712 SE 18TH TERRACE  
City-State-Zip:     OKEECHOBEE FL 34974