

2021 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

02/02/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ROGERS , PAM
Address 2715 SE 31ST STREET
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 2152 SW 18TH LANE
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR
Name KAUFMAN, DIANE
Address 1232 SW 18TH TERRACE
City-State-Zip: OKEECHOBEE FL 34974

Title SECRETARY
Name MYERS, LINDA
Address 8787 SE 59TH DRIVE
City-State-Zip: OKEECHOBEE FL 34974

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 1395 JORDAN LOOP
City-State-Zip: OKEECHOBEE FL 34974

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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: JAMES LUCAS

SENIOR WARDEN

02/02/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BALLARD, JASON
Address 342 NE MIDFIELD LANE
City-State-Zip: PORT ST. LUCIE FL 34983

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