

2013 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 REV EDWARD WEISS
200 N.W. 3RD ST.
OKEECHOBEE, FL 34972**Current Mailing Address:**C/O REV EDWARD WEISS
200 N.W. 3RD ST.
OKEECHOBEE, FL 34972**FEI Number: 59-2351322****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**THE REV. DR. EDWARD A. WIESS
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title D
Name LUCAS, JAMES
Address 2535 SE 31ST STREET
City-State-Zip: OKEECHOBEE FL 34974Title T
Name MCALLISTER, MERLIN
Address 4648 N HWY 441
City-State-Zip: OKEECHOBEE FL 34972Title D
Name MURRAY, TOM
Address 307 SE 8TH AVENUE
City-State-Zip: OKEECHOBEE FL 34974Title D
Name BULOT, FRED
Address 2827 SE 21ST COURT
City-State-Zip: OKEECHOBEE FL 34974Title D
Name DEVIN, SHIRLEY
Address 125 TUT N LUE ROAD
City-State-Zip: LORIDA FL 33857Title D
Name MALONE, FRANCEE
Address 2253 SW 3RD COURT
City-State-Zip: OKEECHOBEE FL 34974

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****04/18/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date