

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733717

**FILED**  
**Jan 31, 2023**  
**Secretary of State**  
**7313302660CC**

**Entity Name:** THE CHURCH OF OUR SAVIOUR (EPISCOPAL) INC,

**Current Principal Place of Business:**

C/O REV. KAY MUELLER  
200 N.W. 3RD ST.  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

C/O REV. KAY MUELLER  
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:**

MUELLER, KAY 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. KAY MUELLER

01/31/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BUXTON, MARILYN  
Address 1006 SE 10TH STREET  
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR  
Name SCHWIER, KATHY  
Address 12944 HWY 441 SE  
City-State-Zip: OKEECHOBEE FL 34974

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

Title DIRECTOR  
Name MURRAY, LAURA  
Address 2421 SW 33RD CIRCLE  
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR  
Name BREWER, FRITZ  
Address 1345 NE 42ND TERRACE  
City-State-Zip: OKEECHOBEE FL 34972

Title DIRECTOR  
Name JONES, LAURA  
Address 181 SE 80TH AVENUE  
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR  
Name STINNETT, MELANIE  
Address 1910 SW 24TH AVENUE  
City-State-Zip: OKEECHOBEE FL 34974

Title DIRECTOR  
Name STEINRUCK, SANDRA  
Address 32801 US HWY 441 N.  
LOT# 217  
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:** REV. KAY MUELLER

RECTOR

01/31/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            HAGAN, DIANE  
Address        614 SE 25TH DRIVE  
City-State-Zip: OKEECHOBEE FL 34974

Title            DIRECTOR  
Name            MUELLER, KAY REV.  
Address        1550 S. OCEAN DRIVE  
                  B-8  
City-State-Zip: FT. PIERCE FL 34949