

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002295

Entity Name: CHURCH OF OUR SAVIOUR FOUNDATION, INC.**Current Principal Place of Business:**12236 MANDARIN RD
JACKSONVILLE, FL 32223**Current Mailing Address:**C/O CYNTHIA COVINGTON
P. O. BOX 600556
JACKSONVILLE, FL 32260 US**FEI Number:** 59-3244052**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SLOTT, ARNOLD H
4035 ATLANTIC BLVD.
JACKSONVILLE, FL 32207 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 PRESIDENT, DIRECTOR
Name GREGORY, LENORA
Address 12236 MANDARIN RD
City-State-Zip: JACKSONVILLE FL 32223Title VP, DIRECTOR
Name BAILEY, MEGAN
Address 12236 MANDARIN RD
City-State-Zip: JACKSONVILLE FL 32223Title TREASURER, DIRECTOR
Name COVINGTON, CYNTHIA
Address 12236 MANDARIN ROAD
City-State-Zip: JACKSONVILLE FL 32223Title SECRETARY, DIRECTOR
Name STANLEY, SCOTT
Address 12236 MANDARIN ROAD
City-State-Zip: JACKSONVILLE FL 32223Title DIRECTOR
Name BECK, MARSA
Address 12236 MANDARIN RD
City-State-Zip: JACKSONVILLE FL 32223Title DIRECTOR
Name LOOSBROCK, FRANK
Address 12236 MANDARIN RD
City-State-Zip: JACKSONVILLE FL 32223Title DIRECTOR
Name NOONEY, SCOTT
Address 12236 MANDARIN RD
City-State-Zip: JACKSONVILLE FL 32223

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: CYNTHIA W COVINGTON**TREASURER, DIRECTOR 03/17/2025**

Electronic Signature of Signing Officer/Director Detail

Date