


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90082 008 ****61.25

DOCUMENT # N02000001994

1. Entity Name
 THE CHURCH OF DIVINE RESTORATION, INC.



Principal Place of Business
 2011 MERCY DR
 ORLANDO, FL 32808

Mailing Address
 2011 MERCY DR
 ORLANDO, FL 32808



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04142004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
 59-3266020

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COSTANTINO, FRANK BISHOP
 2017 MERCY DRIVE
 ORLANDO, FL 32808-5629

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Frank Costantino* DATE 4/19/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COSTANTINO, BISHOP FRANK	
STREET ADDRESS	2011 MERCY DRIVE	
CITY-ST-ZIP	ORLANDO, FL 328085629	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, ERNEST F III	
STREET ADDRESS	2396 LYNN LAKE PL SOUTH	
CITY-ST-ZIP	ST PETERSBURG, FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, CHARLES	
STREET ADDRESS	2011 MERCY DRIVE	
CITY-ST-ZIP	ORLANDO, FL 328085629	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSTANTINO-BROWN, LORI	
STREET ADDRESS	2011 MERCY DR	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *La Costantino Brown* DATE 4/19/04 DAYTIME PHONE # 407-291-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #