2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000010052

1. Entity Name
CHAPEL OF HOPE CHARISMATIC EPISCOPAL CHURCH, INC.

Principal Place of Business	Mailing Address
2011 MERCY DR ORLANDO, FL 32808	2011 MERCY DR ORLANDO, FL 32808

01142005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1711323
☐ 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
2011 MERCY DR
ORLANDO, FL 32808

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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 _____ DATE
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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COSTANTINO, FRANK BISHOP
STREET ADDRESS	2011 MERCY DR
CITY-ST-ZIP	ORLANDO, FL 328085629
TITLE	D
NAME	RAMER, CLARENCE
STREET ADDRESS	2011 MERCY DR
CITY-ST-ZIP	ORLANDO, FL 328085629
TITLE	D
NAME	BROWN, CHARLES
STREET ADDRESS	2011 MERCY DR
CITY-ST-ZIP	ORLANDO, FL 328085629
TITLE	D
NAME	COSTANTINO-BROWN, LORI
STREET ADDRESS	2011 MERCY DR
CITY-ST-ZIP	ORLANDO, FL 328085629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/08/05-80017-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: BISHOP FRANK COSTANTINO 02-01-05 407-522-8587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #