

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000922 (2)
1. Corporation Name
**THE CHARISMATIC EPISCOPAL CHURCH OF THE RESURREC
TION, INC.**



Principal Place of Business Mailing Address
PO BOX 816092 HOLLYWOOD FL 33081 PO BOX 816092 HOLLYWOOD FL 33081-0092

3. Date Incorporated or Qualified 02/19/1996 3a. Date of Last Report
4. FEI Number EIN-65-0644603 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SIMPSON, DAVID R
456 N.E. 100TH STREET
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent
81 Name Simpson, David R.
82 Street Address (P.O. Box Number is Not Acceptable) 1038 N. 32nd Ave.
83
84 City Hollywood FL 85 Zip Code 33021

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE 4/13/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<i>PR/D The Rev. David R. Simpson</i>
STREET ADDRESS		1.3 STREET ADDRESS	<i>1038 N. 32nd Ave.</i>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<i>Hollywood, FL 33021</i>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<i>PR/D The Rev. Donald Hudock</i>
STREET ADDRESS		2.3 STREET ADDRESS	<i>2931 Cypress Ave</i>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<i>Miramar, FL 33025</i>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<i>D Colin Morris</i>
STREET ADDRESS		3.3 STREET ADDRESS	<i>245 NE 123 St.</i>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<i>N. Miami, FL 33161</i>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* DATE 4/13/97

CR2E037 (9/96)