

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90059 012 ****61.25

DOCUMENT # N96000000922

1. Entity Name

THE CHARISMATIC EPISCOPAL CHURCH OF THE RESURREC

Principal Place of Business

Mailing Address

PO BOX 816092
 HOLLYWOOD FL 33081

PO BOX 816092
 HOLLYWOOD FL 33081

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0644603

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMPSON, DAVID R.
1038 N. ~~30TH~~ AVE 32nd
HOLLYWOOD FL 33021

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PCD SIMPSON, DAVID REV.**
 STREET ADDRESS **1038 N. ~~30TH~~ AVE 32nd**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE Change Addition
 NAME **PCD Simpson, David Rev.**
 STREET ADDRESS **1038 N 32 Ave**
 CITY-ST-ZIP **Hollywood, FL 33021**
correct

TITLE Delete
 NAME **VD HUDOCK, DONALD REV.**
 STREET ADDRESS **2731 CYPRESS AVE**
 CITY-ST-ZIP **MIRAMAR FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MORRIS, COLIN**
 STREET ADDRESS **~~245 NE 123 ST~~**
 CITY-ST-ZIP **MIRAMAR FL**

TITLE Change Addition
 NAME **D Morris, Colin**
 STREET ADDRESS **1066 NE 94 St**
 CITY-ST-ZIP **Miami Shores, FL 33138**
correct

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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)(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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/18/01**
 Daytime Phone #: **(954) 433-9586**

CR2E037 (10/00)