

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90157 047 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N98000005119**

1. Corporation Name

**THE CHARISMATIC EPISCOPAL CHURCH OF THE HOLY PRESENCE, INC.**

Principal Place of Business

**19600 LENAIRE DR.  
 MIAMI, FL 33157**

Mailing Address

**19600 LENAIRE DR.  
 MIAMI, FL 33157**

\* 4 6 4612341-90157-3 4 \*

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

3. Date Incorporated or Qualified

**09/01/1998**

4. FEI Number

**65-0861663**

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

9. Name and Address of Current Registered Agent

**SPEER, W. MORGAN  
 205 WORTH AVE., STE 201  
 PALM BEACH, FL 33480**

10. Name and Address of New Registered Agent

81 Name **SPEER, W. MORGAN**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**450 ROYAL PALM WAY**  
 83 **SUITE 401**  
 84 City **PALM BEACH** FL 85 Zip Code **33480**

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 W. Morgan Speer

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

(NOTE: Registered Agent signature required when reinstating)

4/21/99  
 DATE

12. OFFICERS AND DIRECTORS  DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P/D W. MORGAN SPEER</b>
1.3 STREET ADDRESS	<b>450 ROYAL PALM WAY, SUITE 401</b>
1.4 CITY-ST-ZIP	<b>PALM BEACH, FL 33480</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>S/D STEVE GRANT</b>
2.3 STREET ADDRESS	<b>19600 LENAIRE DRIVE</b>
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33157</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D. DAVID SIMPSON</b>
3.3 STREET ADDRESS	<b>1038 N. 32 AVENUE</b>
3.4 CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: W. Morgan Speer  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99  
 Date

561-655-9478  
 Daytime Phone #

CR2E037 (11/98)