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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.

* 4 6 461234 1 90157 2 3 4 *

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

09/01/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0861663

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

4/21/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

**P/D
 W. MORGAN SPEER
 450 ROYAL PALM WAY, SUITE 401
 PALM BEACH, FL 33480**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

**S/D
 STEVE GRANT
 19600 LENAIRE DRIVE
 MIAMI, FL 33157**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

**D.
 DAVID SIMPSON
 1038 N. 32 AVENUE
 HOLLYWOOD, FL 33021**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

Change Addition

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

Date

Daytime Phone #

4/21/99

561-655-9478

CR2E037 (11/98)