

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006215

1. Entity Name

THE CHARISMATIC EPISCOPAL CHURCH OF THE REDEEMER

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90002 005 ****61.25

Principal Place of Business

Mailing Address

2566 S GARDEN DRIVE #303
 LAKE WORTH FL 33461

2566 S GARDEN DRIVE #303
 LAKE WORTH FL 33461-6232

2. Principal Place of Business

3. Mailing Address

3915 N HAVERHILL RD

4440 RIVERPINE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

206

City & State
 WEST PALM BEACH FL

City & State
 TEQUESTA FL

4. FEI Number

65-0793697

Applied For

Not Applicable

Zip
 33417

Country
 USA

Zip
 33469

Country
 USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS, JAMES H
 2566 S GARDEN DRIVE #303
 LAKE WORTH FL 33461

Name
 PURICK HERBERT W

Street Address (P.O. Box Number is Not Acceptable)
 4440 RIVERPINE CT

City
 TEQUESTA

FL

Zip Code
 33469

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)

2/4/2000

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 PD Delete
 NAME ROSS, JAMES H
 STREET ADDRESS 2566 S GARDEN DR #303
 CITY-ST-ZIP LAKE WORTH FL 33461

TITLE D Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME PURICK, HERBERT W
 STREET ADDRESS 4440 RIVER DR CT
 CITY-ST-ZIP TEQUESTA FL 33469

TITLE PD Change Addition
 NAME
 STREET ADDRESS 4440 RIVERPINE CT
 CITY-ST-ZIP

TITLE D Delete
 NAME CORTES, CARLOS
 STREET ADDRESS 204 DOBE CIRCLE
 CITY-ST-ZIP ROYAL PALM BEACH FL 33411

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)