

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000005119

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: THE CHARISMATIC EPISCOPAL CHURCH OF THE HOLY PRESENCE, INC.

Current Principal Place of Business:

19600 LENAIRE DR.
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

19600 LENAIRE DR.
MIAMI, FL 331578549

New Mailing Address:

FEI Number: 65-0861663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SPEER, W. MORGAN
1800 AUSTRALIAN AVENUE SOUTH
WEST PALM BEACH, FL 33409 US

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:

05/01/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPEER, MORGAN W
Address: 450 ROYAL PALM WAY STE 401
City-St-Zip: PALM BEACH, FL 33480

Title: SD () Delete
Name: GRANT, STEVE
Address: 19600 LENAIRE DRIVE
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: SIMPSON, DAVID
Address: 1038N 32 AVE.
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SPEER, MORGAN W
Address: 1800 AUSTRALIAN AVENUE SOUTH, STE 100
City-St-Zip: WEST PALM BEACH, FL 33409

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. MORGAN SPEER

PD

05/01/2002

Electronic Signature of Signing Officer or Director

Date