

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91314 014 ****61.25

DOCUMENT # N97000006215

1. Entity Name

THE CHARISMATIC EPISCOPAL CHURCH OF THE REDEEMER, INC.

Principal Place of Business

Mailing Address

3915 N HAVERHILL RD
 205
 WEST PALM BEACH FL 33417
 US

3915 N HAVERHILL RD
 205
 WEST PALM BEACH FL 33417
 US

2. Principal Place of Business

3. Mailing Address

13843 158TH ST N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JUPITER FL

4. FEI Number

65-0793697

Applied For

Not Applicable

Zip

Country

Zip

Country

33478

FL

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

PURICK, HERBERT W
4440 RIVERPINE CT
TEQUESTA FL 33469

Name

Street Address (P.O.-Box Number is Not Acceptable)

13843 158TH ST N

City

JUPITER FL

FL

Zip Code *33478*

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

4/30/02

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	D	<input type="checkbox"/> Delete
NAME	ROSS, JAMES H	
STREET ADDRESS	2566 S GARDEN DR #303	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PURICK, HERBERT W	
STREET ADDRESS	13843 158 ST N	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMPSON, DAVID R	
STREET ADDRESS	1038 N 32 ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

4/30/02

561-615-9320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)