


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90037 002 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N96000000922</b>  |  |
| 1. Entity Name<br><b>THE CHARISMATIC EPISCOPAL CHURCH OF THE RESURRECTION, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br>PO BOX 816092<br>HOLLYWOOD FL 33081 | Mailing Address<br>PO BOX 816092<br>HOLLYWOOD FL 33081 |
|--|--|

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>6701 SW 25 St</b> | 3. Mailing Address<br><b>6701 SW 25 St</b> |
| Suite, Apt. #, etc.                                    | Suite, Apt. #, etc.                        |

|                                    |                                    |
|------------------------------------|------------------------------------|
| City & State<br><b>Miramar, FL</b> | City & State<br><b>Miramar, FL</b> |
| Zip<br><b>33023</b>                | Country                            |
| Country                            | Zip<br><b>33023</b>                |
| Country                            | Country                            |



MOORE CR2E037 (11/03)

|  |  |  |   |
|--|--|--|---|
| 4. FEI Number<br><b>65-0644603</b>   |  | Applied For<br><input type="checkbox"/>            | Not Applicable<br><input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   |  | <b>\$8.75 Additional Fee Required</b>              |   |
| 6. Name and Address of Current Registered Agent<br><b>SIMPSON, DAVID R.<br/>1038 N 32ND AVE<br/>HOLLYWOOD FL 33021</b> |  | 7. Name and Address of New Registered Agent        |   |
| Name   |  | Street Address (P.O. Box Number is Not Acceptable) |   |
| City   |  | City   | Zip Code  |

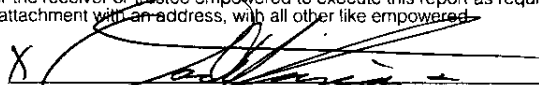
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|  |  |                                    |  |
|--|--|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to Florida Department of State</b> |
|--|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PCD<br>SIMPSON, DAVID REV.<br>1038 N 32ND AVE<br>HOLLYWOOD FL 33021 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>HUDOCK, DONALD REV.<br>2731 CYPRESS AVE<br>MIRAMAR FL <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>MORRIS, COLIN<br>NE 94TH ST<br>MIAMI SHORES FL 33138 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:**  **2/18/04** **954-983-5808**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #