

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009547

FILED  
Apr 19, 2007  
Secretary of State

**Entity Name:** THE CHARISMATIC EPISCOPAL CHURCH DIOCESE OF FLORIDA, INC.

**Current Principal Place of Business:**

6701 SW 25TH ST.  
MIRIMAR, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

1800 AUSTRALIAN AVE S STE 100  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

**FEI Number:** 20-3489838

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

W. MORGAN SPEER, P.A.  
1800 AUSTRALIAN AVE S STE 100  
WEST PALM BEACH, FL 33409 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JONES, CHARLES  
Address: P.O. BOX 661  
City-St-Zip: SELMA, AL 36702

Title: SD ( ) Delete  
Name: PAYSINGER, DAVID  
Address: 8057 ARLINGTON EXPRESSWAY  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete  
Name: SIMPSON, DAVID  
Address: 6701 SW 25TH STREET  
City-St-Zip: MIRIMAR, FL 33023

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SIMPSON, DAVID R  
Address: 6701 SW 25TH ST.  
City-St-Zip: MIRIMAR, FL 33023

Title: D (X) Change ( ) Addition  
Name: PAYSINGER, DAVID  
Address: 8057 ARLINGTON EXPRESSWAY  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D (X) Change ( ) Addition  
Name: NILON, JAMES  
Address: 1661 ARCADIA AVENUE  
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Change (X) Addition  
Name: WALES, DREW  
Address: 854 CARDINAL AVENUE  
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: /S/ DAVID R. SIMPSON

PD

04/19/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date