2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000009547

1. Entity Name

THE CHARISMATIC EPISCOPAL CHURCH DIOCESE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
6701 SW 25TH ST. MIRIMAR FL 33023	1800 AUSTRALIAN AVE S STE 100 WEST PALM BEACH FL 33409

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-3489838 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its principal 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 agent is an entity (required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

David Simpson signed the wrong place

10. OFFICERS AND DIRECTORS

			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SIMPSON, DAVID R 6701 SW 25TH ST. MIRIMAR FL 33023		☐ Change ☐ Addition 000000842855 03/11/08-80046-015 61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAYSINGER, DAVID P.O. BOX 8608 JACKSONVILLE FL 32239	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NILON, JAMES 1661 ARCADIA AVENUE SARASOTA FL 34232	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALES, DREW 854 CARDINAL AVENUE ROCKLEDGE FL 32955	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: David R Simpson 2/25/08 (954)983-8808