

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90446 009 ****70.00

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1. Entity Name
**CHARISMATIC ORTHODOX CHURCH INTERNATIONAL,
INC.**



Principal Place of Business
**405 W. RUDISILL BLVD.
FORT WAYNE, IN 46807**

Mailing Address
**405 W. RUDISILL BLVD.
FORT WAYNE, IN 46807**

14016542



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

St. Augustine, FL

Suite, Apt. #, etc.

St. Augustine, FL

City & State

City & State

01172004

Chg-NP

CR2E037 (10/03)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

Zip

32086

Country

St. Johns

Zip

32086

Country

St. Johns

6. Name and Address of Current Registered Agent

**KERSEY, MARK
784 VISCAYA BLVD.
ST. AUGUSTINE, FL 32085**

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 registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to:
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CDPS** ☐ Delete
NAME **BISHOP GEORGE C. MCCOWAN**
STREET ADDRESS **405 W. RUDISILL BLVD.**
CITY-ST-ZIP **FORT WAYNE, IN 46807**

TITLE **VCDV** ☐ Delete
NAME **KERSEY, MARK**
STREET ADDRESS **784 VISCAYA BLVD.**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32085**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CHAIRMAN, TRES.** ☒ Change ☐ Addition
NAME **KERSEY, MARK**
STREET ADDRESS **784 VISCAYA BLVD**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32085**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **BISHOP GEORGE C. MCCOWAN, III**
STREET ADDRESS **405 W. RUDISILL BLVD.**
CITY-ST-ZIP **FORT WAYNE, IN 46807**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **LINDA KERSEY**
STREET ADDRESS **784 VISCAYA BLVD**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32086**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **JEANETTE A. MCCOWAN**
STREET ADDRESS **405 W. RUDISILL BLVD.**
CITY-ST-ZIP **FORT WAYNE, IN 46807**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **ERIN GIBSON**
STREET ADDRESS **61 NESMITH AVE**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

TITLE ☐ Change ☐ 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:

Mark Kersey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04
Date

(260) 456-5950
Daytime Phone #