

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 19, 2009
Secretary of State**

DOCUMENT# N01000008754

Entity Name: CHARISMATIC EPISCOPAL CHURCH OF THE HOLY COMFORTER, INC.

Current Principal Place of Business:

4425 SE HEARTWOOD TRAIL
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

1800 AUSTRALIAN AVENUE SOUTH
SUITE 100
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 55-0865648 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SPEER, W. MORGAN
1800 AUSTRALIAN AVENUE SOUTH
SUITE 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: PD () Delete
Name: BOWER, JOHN D
Address: 4425 SE HEARTWOOD TRAIL
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: SPEER, W. MORGAN
Address: 1800 AUSTRALIAN AVENUE SOUTH, SUITE 100
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: ROSS, JAMES
Address: 5380 WOODLAND LAKES DRIVE, #115
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: GARRISON, DANIEL
Address: 1718 NE 21ST TERRACE
City-St-Zip: JENSEN BEACH, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN D. BOWER

PD

04/19/2009

Electronic Signature of Signing Officer or Director

Date