

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000001994\*

1. Entity Name  
THE CHURCH OF DIVINE RESTORATION, INC.



Principal Place of Business  
2011 MERCY DR  
ORLANDO, FL 32808

Mailing Address  
2011 MERCY DR  
ORLANDO, FL 32808

**POSTED**



01142005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3266020

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

COSTANTINO, FRANK BISHOP  
2017 MERCY DRIVE  
ORLANDO, FL 32808-5629

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
COSTANTINO, BISHOP FRANK  
2011 MERCY DRIVE  
ORLANDO, FL 328085629

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROSS, ERNEST F III  
2396 LYNN LAKE PL SOUTH  
ST PETERSBURG, FL 33712

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BROWN, CHARLES  
2011 MERCY DRIVE  
ORLANDO, FL 328085629

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
COSTANTINO-BROWN, LORI  
2011 MERCY DR  
ORLANDO, FL 32808

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000219166  
02/08/05-80017-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-05

Date

407-522-8587

Daytime Phone #