


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

04-22-2004 90082 012 ****61.25

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DOCUMENT # N03000010052			
1. Entity Name CHAPEL OF HOPE CHARISMATIC EPISCOPAL CHURCH, INC.			
Principal Place of Business 2055 MERCY DRIVE ORLANDO, FL 32808-5629		Mailing Address 2055 MERCY DRIVE ORLANDO, FL 32808-5629	
2. Principal Place of Business 2011 Mercy Dr Suite, Apt. #, etc.		3. Mailing Address 2011 Mercy Drive Suite, Apt. #, etc.	
City & State Orlando FL		City & State Orlando	
Zip FL 32808	Country Orange	Zip 32805	Country Orange
4. FEI Number 59-1711323		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COSTANTINO, FRANK BISHOP 2055 MERCY DRIVE ORLANDO, FL 32808-5629		7. Name and Address of New Registered Agent Name Bishop Frank Costantino Street Address (P.O. Box Number is Not Acceptable) 2011 Mercy Drive City Orlando FL Zip Code 32808	
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. Frank Costantino 4/19/04 SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTANTINO, FRANK BISHOP 2055 MERCY DRIVE ORLANDO, FL 328085629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bishop Frank Costantino 2011 Mercy Drive Orlando, FL 32808-5629 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMER, CLARENCE 2055 MERCY DRIVE ORLANDO, FL 328085629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ramer, Clarence 2011 Mercy Drive Orlando, FL 32808-5629 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, CHARLES 2055 MERCY DRIVE ORLANDO, FL 328085629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Brown 2011 Mercy Drive Orlando, FL 32808-5629 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lori Costantino-Brown 2011 Mercy Drive Orlando, FL 32805-5629 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Frank Costantino-Brown		4/19/04 407-291-1500 Date Daytime Phone #	