


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**



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

1st MOORE CR2E037 (10/07)

4. FEI Number Applied For

20-3489838 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 the office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

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 in 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NILON, JAMES 1661 ARCADIA AVENUE SARASOTA FL 34232	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALES, DREW 854 CARDINAL AVENUE ROCKLEDGE FL 32955	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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) 983-5708*