2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# N06000009297

Entity Name: THE ARCHDIOCESE OF THE ARMED FORCES OF THE CHARISMATIC EPISCOPAL CHURCH OF NORTH AMERICA, INC.

Current Principal Place of Business:

440 ARRICOLA AVE.
SAINT SUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

440 ARRICOLA AVE.
SAINT SUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 20-5660532 **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: ABP. ( ) Delete
Name: WOODALL, DOUG S ABP.
Address: 440 ARRICOLA AVE.
City-St-Zip: ST. AUGUSTINE, FL 32080

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

Title: D ( ) Delete
Name: PAYSINGER, DAVID
Address: 9000 REGENCY SQUARE BLVD
City-St-Zip: JACKSONVILLE, FL 32211

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WOODALL, DOUG S ABP.
Address: 440 ARRICOLA AVE.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D (X) Change ( ) Addition
Name: DUNDAS, STEVEN LCDR
Address: 4766 MARLWOOD WAY
City-St-Zip: VIRGINIA BEACH, VA 23462

Title: D (X) Change ( ) Addition
Name: MOLINA, JOHN LTC
Address: 169 GARDEN ROAD
City-St-Zip: WAHIAWA, HI 96786

Title: S ( ) Change (X) Addition
Name: WOODALL, PAM
Address: 440 ARRICOLA AVE.
City-St-Zip: ST. AUGUSTINE, FL 32080

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: DOUG WOODALL PD 05/05/2008

Electronic Signature of Signing Officer or Director — Date