

FILE NOW: FILING FEE IS \$61.25

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Jul 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003236 (7)**

1. Corporation Name **Province**
SOUTHEAST DIOCESE, CHARISMATIC EPISCOPAL CHURCH
OF NORTH AMERICA, INC.

Principal Place of Business 8057 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211 US	Mailing Address 8057 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211-6242 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 07/20/1993		3a. Date of Last Report 06/20/1996	
4. FEI Number 95-3605143		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent DOUGLAS S. WOODALL 4250 AIAS 0-12 32084 GUSTINE FL 32250				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODALL, DOUGLAS S TH.D	1.2 NAME	
STREET ADDRESS	4250 AIAS 0-12	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALE F. HOWARD,	2.2 NAME	
STREET ADDRESS	4819 MONUMENT POINT CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAMELA WOODALL,	3.2 NAME	
STREET ADDRESS	4250 AIA S 0-12	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBORAH LAWRENCE,	4.2 NAME	
STREET ADDRESS	4806 MONUMENT PT DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Deborah M. Lawrence* 7/16/97 9046450232

CR2E037 (9/96)