

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N93000003236 (7)**

1. Corporation Name

**SOUTHEAST DIOCESE, CHARISMATIC EPISCOPAL CHURCH  
OF NORTH AMERICA, INC.**

Principal Place of Business

Mailing Address

**8057 ARLINGTON EXPRESSWAY  
JACKSONVILLE FL 32211  
US**

**8057 ARLINGTON EXPRESSWAY  
JACKSONVILLE FL 32211  
US**

3. Date Incorporated or Qualified

**07/20/1993**

4. FEI Number

**95-3605143**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21**  
Suite, Apt. #, etc.

**26**  
Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23**  
Zip

Country

**28**  
Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOUGLAS S. WOODALL  
4250 AIAS 0-12  
32084 GUSTINE FL 32250**

**81** Name

**James R. Nicholas**

**82** Street Address (P.O. Box Number is Not Acceptable)

**8057 Arlington Expressway**

**83**

**84** City

**Jacksonville**

**FL**

**85** Zip Code

**32211**

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

*James R. Nicholas*  
Signature, typed or printed name of registered agent and title if applicable.

**James R. Nicholas**

(NOTE: Registered Agent signature required when reinstating)

**4/28/98**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DVP** ☒ DELETE  
NAME **WOODALL, DOUGLAS S TH.D**  
STREET ADDRESS **4250 AIAS 0-12**  
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **D** ☐ DELETE  
NAME **DALE F. HOWARD,**  
STREET ADDRESS **4619 MONUMENT POINT CIR.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **S** ☒ DELETE  
NAME **PAMELA WOODALL,**  
STREET ADDRESS **4250 AIA S 0-12**  
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **T** ☒ DELETE  
NAME **DEBORAH LAWRENCE,**  
STREET ADDRESS **4806 MONUMENT PT DR**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

**D P** ☒ Change ☒ Addition  
**Dale F. Howard**  
**4619 Monument Point Cir.**  
**Jacksonville FL 32225**

**D VP** ☐ Change ☒ Addition  
**James R. Nicholas**  
**576 Valley Forge Rd N.**  
**Neptune Beach FL 32266**

**D Secty/Treasurer** ☐ Change ☒ Addition  
**David Paysinger**  
**11841 Hidden Hills Dr.**  
**Jacksonville FL 32225**

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 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:

*James R. Nicholas*

**James R. Nicholas VP**

**4/28/98**

**(904) 724-4199**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0006435

CR2E037 (10/97)