

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000003236

1. Entity Name
**SOUTHEAST PROVINCE OF THE CHARISMATIC
EPISCOPAL CHURCH, INC.**



Principal Place of Business
**8057 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211 US**

Mailing Address
**8057 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211 US**



04132004 No Chg-NP CR2E037 (10/03)

4. FEI Number
95-3605143

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NICHOLAS, JAMES R
8057 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/21/04
DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000132991
04/27/04-80071-010 61.25**

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP
NICHOLAS, JAMES R
576 VALLEY FORGE RD N
NEPTUNE BEACH, FL 32266**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DST
PAYSINGER, DAVID
11841 HIDDEN HILLS DR
JACKSONVILLE, FL 32225**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04
Date

904.721-996
Daytime Phone #