2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N93000003236



FILED Apr 15, 2005 8:00 am Secretary of State

SOUTHEAST PROVINCE OF THE CHARISMATIC EPISCOPAL CHRUCH, INC.						9	4-15-2005 9	90091 C	107/ ****6]	1.25
8057 ARLINGTON EXPRESSWAY 805		805	lailing Address 8057 ARLINGTON EXPRESSWAY ACKSONVILLE, FL 32211 US							
2. Principal P	face of Business	3. Mai	ling Address	<u>, </u>						
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			01112005 Cr	ng-NP	CR2E0	37 (10/03)	
City & State		Ci	City & State			4. FEI Number 95-360514	3			plied For
Zip Country		Zi	Zip Cou		ıntry	5. Certificate of Status Desired			\$9.75 Additional	
	6. Name and Address of Curre	nt Registen	ed Agent		Γ	7. Name and Add	ress of New R	egistered		-
NICHOLAS	NAMES D				Ŋame					
NICHOLAS, JAMES R 8057 ARLINGTON EXPRESSWAY					Street Addre	ess (P.O. Box Number is f	Not Acceptable	:)		
JACKSON	VILLE, FL 32211									
					City			FL	Zip Code	e
	named entity submits this statementions of registered agent.	for the purp	oose of changing its	register	ed office or regi	istered agent, or both, in	the State of Flo	rida. Iam	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if ap	picable. (NOTE	: Registere	d Agent signature rec	quired when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agreements of the second	ent and title if ap	9. Election Carr Trust Fund C	npaign F	Financing	\$5.00 May Be Added to Fees		ake chec	k payable to	
SIGNATURE .	Filing Fee Is \$61.25		9. Election Carr Trust Fund C	npaign F	Financing ion.	\$5.00 May Be	Fior	ake chec Ida Depa	rtment of St	late
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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 of supplied ental, 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.

CITY-ST-ZP

NAME STREET ADORESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PE INTED NAME OF SIGNING OFFICER OF DIRECTOR