

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 20, 2005
Secretary of State

DOCUMENT# N93000003236

Entity Name: SOUTHEAST PROVINCE OF THE CHARISMATIC EPISCOPAL CHURCH, INC.**Current Principal Place of Business:**8057 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211 US**New Principal Place of Business:****Current Mailing Address:**1800 AUSTRALIAN SOUTH, STE 100
WEST PALM BEACH, FL 33409**New Mailing Address:****FEI Number:** 95-3605143**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, STE 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:** DP () Delete
Name: HOWARD, DALE F
Address: 4619 MONUMENT POINT CIR
City-St-Zip: JACKSONVILLE,, FL 32225**Title:** DST () Delete
Name: PAYSINGER, DAVID
Address: 11841 HIDDEN HILLS DR
City-St-Zip: JACKSONVILLE, FL 32225**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DS () Change (X) Addition
Name: SPEER, W. MORGAN
Address: 1800 AUSTRALIAN AVENUE SOUTH, SUITE 100
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID PAYSINGER

DST

10/20/2005

Electronic Signature of Signing Officer or Director

Date