## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000003236

FILED Feb 25, 2009 Secretary of State

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

Current Principal Place of Business:		New Principal Place of Business:		
	TRALIAN AVE	NUE SOUTH		
100 WEST PA	LM BEACH, F	L 33463 US		
Current N	lailing Addres	ss:	New Mailing Addres	s:
	TRALIAN SOL LM BEACH, F			
FEI Number	: 95-3605143	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of (	Current Registered Agent:	Name and Address of	of New Registered Agent:
	LINCHICALIA			
1800 AÚS WEST PA The above	LM BEACH, F		ourpose of changing its registere	ed office or registered agent, or both,
1800 AÚS WEST PA The above in the State	TRALIAN AVE LM BEACH, F named entity e of Florida.	L 33409 UŚ	ourpose of changing its registere	ed office or registered agent, or both,
1800 AÚS WEST PA The above in the State	TRALIAN AVE LM BEACH, F named entity e of Florida. RE:	L 33409 US submits this statement for the p		
1800 AÜS WEST PA The above in the State SIGNATUI	TRALIAN AVE LM BEACH, F named entity e of Florida. RE:	L 33409 US submits this statement for the part of the part of Registered Ag	ent	ed office or registered agent, or both,  Date  ES TO OFFICERS AND DIRECTOR
1800 AÜS WEST PA The above in the State SIGNATUI	TRALIAN AVE LM BEACH, Fi e named entity e of Florida.  RE: Electroi S AND DIREC	L 33409 US submits this statement for the pair of the pair of Registered Age TORS: ) Delete LES	ent	Date
1800 AUS WEST PA The above in the State SIGNATUI  OFFICER Title: Name: Address:	TRALIAN AVE LM BEACH, FI e named entity e of Florida.  RE: Electron S AND DIRECT DP ( JONES, CHAR P.O. BOX 661 SELMA, AL 36	L 33409 US submits this statement for the price Signature of Registered Agentors:  Delete LES 702 Delete VID H STREET	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHARLES JONES DP 02/25/2009