

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000003236

FILED  
May 01, 2003  
Secretary of State

**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:**

8057 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211 US

**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:**

NICHOLAS, JAMES R  
8057 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211 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: DVP ( ) Delete  
Name: NICHOLAS, JAMES R  
Address: 576 VALLEY FORGE RD N  
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: DST ( ) Delete  
Name: PAYSINGER, DAVID  
Address: 11841 HIDDEN HILLS DR  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

05/01/2003

Electronic Signature of Signing Officer or Director

Date