


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90037 002 ****61.25

DOCUMENT # N96000000922	
1. Entity Name THE CHARISMATIC EPISCOPAL CHURCH OF THE RESURRECTION, INC.	

Principal Place of Business PO BOX 816092 HOLLYWOOD FL 33081	Mailing Address PO BOX 816092 HOLLYWOOD FL 33081
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2. Principal Place of Business 6701 SW 25 St	3. Mailing Address 6701 SW 25 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miramar, FL	City & State Miramar, FL
Zip 33023	Zip 33023
Country	Country



MOORE CR2E037 (11/03)

4. FEI Number 65-0644603	<input type="checkbox"/> Applied For
	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SIMPSON, DAVID R. 1038 N 32ND AVE HOLLYWOOD FL 33021
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE PCD	<input type="checkbox"/> Delete
NAME SIMPSON, DAVID REV.	
STREET ADDRESS 1038 N 32ND AVE	
CITY-ST-ZIP HOLLYWOOD FL 33021	
TITLE VD	<input type="checkbox"/> Delete
NAME HUDOCK, DONALD REV.	
STREET ADDRESS 2731 CYPRESS AVE	
CITY-ST-ZIP MIRAMAR FL	
TITLE D	<input type="checkbox"/> Delete
NAME MORRIS, COLIN	
STREET ADDRESS NE 94TH ST	
CITY-ST-ZIP MIAMI SHORES FL 33138	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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
2/18/04 **954-983-5808**
Date Daytime Phone #