

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006215

1. Entity Name

THE CHARISMATIC EPISCOPAL CHURCH OF THE REDEEMER

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90002 005 ****61.25

Principal Place of Business

Mailing Address

2566 S GARDEN DRIVE #303
LAKE WORTH FL 33461

2566 S GARDEN DRIVE #303
LAKE WORTH FL 33461-6232

2. Principal Place of Business

3. Mailing Address

3915 N HAVERHILL RD

4440 RIVERPINE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

206

City & State

City & State

WEST PALM BEACH FL

TEQUESTA FL

Zip

Zip

33417

Country

Country

USA

33469

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0793697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS, JAMES H
2566 S GARDEN DRIVE #303
LAKE WORTH FL 33461

Name

PURICK, HERBERT W

Street Address (P.O. Box Number is Not Acceptable)

4440 RIVERPINE CT

City

TEQUESTA

FL

Zip Code

33469

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/4/2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS, JAMES H 2566 S GARDEN DR #303 LAKE WORTH FL 33461	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURICK, HERBERT W 4440 RIVER DR CT TEQUESTA FL 33469	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 4440 RIVERPINE CT	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTES, CARLOS 204 DOBE CIRCLE ROYAL PALM BEACH FL 33411	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)