

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005119

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** THE CHARISMATIC EPISCOPAL CHURCH OF THE HOLY PRESENCE, INC.

**Current Principal Place of Business:**

19600 LENAIRE DR.  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

19600 LENAIRE DR.  
MIAMI, FL 331578549

**New Mailing Address:**

FEI Number: 65-0861663

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  
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: PD ( ) Delete  
Name: SPEER, MORGAN W  
Address: 1800 AUSTRALIAN AVENUE SOUTH, STE 100  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SD ( ) Delete  
Name: GRANT, STEVE  
Address: 19600 LENAIRE DRIVE  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: SIMPSON, DAVID  
Address: 1038N 32 AVE.  
City-St-Zip: HOLLYWOOD, FL 33021

**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: W. MORGAN SPEER

PD

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date