

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90325 001 ****61.25
 05-06-2000 90325 002 ****8.75

DOCUMENT # N98000005929

1. Entity Name
CHARISMATIC ORTHODOX CHURCH, INC.

Principal Place of Business 784 VISCAYA AVENUE ST. AUGUSTINE FL 32086	Mailing Address 784 VISCAYA AVENUE ST. AUGUSTINE FL 32086-7221
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 784 VISCAYA BLVD Suite, Apt. #, etc.	3. Mailing Address 784 VISCAYA BLVD Suite, Apt. #, etc.
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City & State ST AUGUSTINE FL	City & State ST AUGUSTINE FL	4. FEI Number 59-3539860	Applied For <input type="checkbox"/> Not Applicable
Zip 32086	-Country USA	Zip 32086	Country USA

6. Name and Address of Current Registered Agent KERSEY, MARK D 784 VISCAYA AVENUE ST. AUGUSTINE FL 32086	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.

SIGNATURE: *Mark Kersey* (NOTE: Registered Agent signature required when reinstating) DATE: **4-24-00**

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	CPD KERSEY, MARK D 784 VISCAYA BLVD. ST. AUGUSTINE FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LORENZO T. WRIGHT RT 5 BOX 2175 PALATKA, FL 32177 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BENNETT, JOSEPH 1077 COLLIER BLVD. ST. AUGUSTINE FL 32095 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KERSEY, LINDA 784 VISCAYA BLVD. ST. AUGUSTINE FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENNETT, MARY 1077 COLLIER BLVD. ST. AUGUSTINE FL 32086 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, TED 1601 SHAMROCK TRAIL SMYRNA GA 30080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mark Kersey* (NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: **4-24-00** Daytime Phone #

CR2E037 (9/99)