

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 19, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90134 001 \*\*\*183.75  
 09-19-2002 90159 014 \*\*\*\*61.25

**DOCUMENT # N99000007086**

1. Entity Name

**THE CHURCH OF THE PRODIGAL SON, INC.**

Principal Place of Business

Mailing Address

2055 MERCY DRIVE  
 ORLANDO FL 32808-5629

2055 MERCY DRIVE  
 ORLANDO FL 32808-5629

2. Principal Place of Business

3. Mailing Address

210 Pilak Kithar  
 Suite, Apt. #, etc.

2011 Meray Dr.  
 Suite, Apt. #, etc.

City & State

Auburndale FL

City & State

Orlando FL

4. FEI Number

54-3599313

Applied For

Not Applicable

Zip  
 32823

Country  
 USA

Zip  
 32808

Country  
 USA

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

**COSTANTINO, FRANK BISHOP**  
**2055 MERCY DRIVE**  
**ORLANDO FL 32808-5629**

Name

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

City

**FL**

Zip Code

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

**After September 13, 2002,**  
**min. will be \$236.25.**

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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **COSTANTINO, FRANK BISHOP**  
 CITY-ST-ZIP **2055 MERCY DRIVE**  
**ORLANDO FL 32808-5629**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **BROWN, CHARLES**  
 CITY-ST-ZIP **2055 MERCY DRIVE**  
**ORLANDO FL 32808-5629**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **TWITCHEL, GENERY**  
 CITY-ST-ZIP **601 E LIME ST**  
**AUBURDALE FL 33823**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

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 STREET ADDRESS  
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TITLE ☐ Change ☐ 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:

**S. G. Costantino**

CR2E037 (4/02)