


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90082 011 \*\*\*\*61.25

<b>DOCUMENT # N99000007086</b> 1. Entity Name THE CHURCH OF THE PRODIGAL SON, INC.					
Principal Place of Business 2011 MERCY DRIVE ORLANDO, FL 32808 US			Mailing Address 2011 MERCY DRIVE ORLANDO, FL 32808 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 <u>Bishop Frank Costantino</u> Street Address (P.O. Box Number is Not Acceptable) <u>2011 Mercy Drive</u> City <u>Orlando</u> <u>FL</u> Zip Code <u>32805</u>	
8. The above named agent 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE <u>Lori Costantino</u>  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: center;"> <u>4/19/04</u>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COSTANTINO, FRANK BISHOP		NAME		
STREET ADDRESS	2011 MERCY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328085629		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, CHARLES		NAME	<u>Brown-Charles</u>	
STREET ADDRESS	2055 MERCY DRIVE		STREET ADDRESS	<u>2011 Mercy Drive</u>	
CITY-ST-ZIP	ORLANDO, FL 328085629		CITY-ST-ZIP	<u>Orlando, FL 32808-5629</u>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TWITCHEL, GENERY		NAME		
STREET ADDRESS	601 E LIME ST		STREET ADDRESS		
CITY-ST-ZIP	AUBURDALE, FL 33823		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, LORI C		NAME	<u>Lori Costantino-Brown</u>	
STREET ADDRESS	2011 MERCY DRIVE		STREET ADDRESS	<u>2011 Mercy Drive, Orlando, FL 32808</u>	
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Lori Costantino-Brown</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/19/2004</u> Daytime Phone # <u>407-291-1500</u>		