

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N99000007086

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

**POSTED**



01142005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
54-3599313

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CONSTANTINO, BISHOP FRANK  
2011 MERCY DRIVE  
ORLANDO, FL 32805

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE D  
NAME COSTANTINO, FRANK BISHOP  
STREET ADDRESS 2011 MERCY DRIVE  
CITY-ST-ZIP ORLANDO, FL 328085629

TITLE D  
NAME BROWN, CHARLES  
STREET ADDRESS 2011 MERCY DRIVE  
CITY-ST-ZIP ORLANDO, FL 328085629

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

TITLE D  
NAME CONSTANTINO-BROWN, LORI  
STREET ADDRESS 2011 MERCY DRIVE  
CITY-ST-ZIP ORLANDO, FL 32808

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000002000041  
01/28/05-80011-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*Lori Constantino-Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/05  
Date

Daytime Phone #