## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000007086

Entity Name

THE CHURCH OF THE PRODIGAL SON, INC.



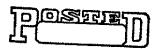
Principal Place of Business

Mailing Address

2011 MERCY DRIVE ORLANDO, FL 32808 U 2011 MERCY DRIVE ORLANDO, FL 32808

US

## FILED Jan 27, 2005 08:00 AN Secretary of State





DO NOT WRITE IN THIS SPACE

01142005 No Chg-NP CF

CR2E037 (10/03)

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

DC	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						
Signature Schalure, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when rein				required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Finand     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTANTINO, FRANK BISHOP 2011 MERCY DRIVE ORLANDO, FL 328085629				U00000200041	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, CHARLES 2011 MERCY DRIVE ORLANDO, FL 328085629				<u>U00000200041</u> 01/28/05-80011-013 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TWITCHEL, GENERY 601 E LIME ST AUBURDALE, FL 33823			DO	NOT WRITE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D CONSTANTINO-BROWN, LORI 2011 MERCY DRIVE ORLANDO, FL 32808			IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS GITY-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						

12. I nereby 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 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

CICNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

122/05

Daytime Phone #