

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008754

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** CHARISMATIC EPISCOPAL CHURCH OF THE HOLY COMFORTER, INC.

**Current Principal Place of Business:**

167 MONTEREY ROAD  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

1800 AUSTRALIAN AVE., SOUTH  
SUITE 100  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

FEI Number: 55-0865648      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPEER, W. MORGAN  
1800 AUSTRALIAN AVENUE SOUTH  
SUITE 100  
WEST PALM BEACH, FL 33409 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BOWER, JOHN  
Address: 167 MONTEREY ROAD  
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete  
Name: PAYSINGER, DAVID  
Address: 8057 ARLINGTON EXPRESSWAY  
City-St-Zip: JACKSONVILLE, FL 23311

Title: D ( ) Delete  
Name: SIMPSON, DAVID  
Address: 9701 S.W. 5TH STREET  
City-St-Zip: MIRAMAR, FL 33023

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN BOWER

PD

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date