

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 19, 2009  
Secretary of State**

DOCUMENT# N01000008754

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

**Current Principal Place of Business:**

4425 SE HEARTWOOD TRAIL  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

1800 AUSTRALIAN AVENUE 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 D  
Address: 4425 SE HEARTWOOD TRAIL  
City-St-Zip: STUART, FL 34997

Title: D      ( ) Delete  
Name: SPEER, W. MORGAN  
Address: 1800 AUSTRALIAN AVENUE SOUTH, SUITE 100  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D      ( ) Delete  
Name: ROSS, JAMES  
Address: 5380 WOODLAND LAKES DRIVE, #115  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D      ( ) Delete  
Name: GARRISON, DANIEL  
Address: 1718 NE 21ST TERRACE  
City-St-Zip: JENSEN BEACH, FL 34952

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 D. BOWER

PD

04/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date