
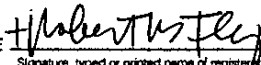



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90031 043 ****70.00

DOCUMENT # 740908					
1. Entity Name THE CATHEDRAL OF JESUS OF NAZARETH, INC.					
Principal Place of Business 14322 NORTH BOULEVARD TAMPA, FL 33613-2010 US			Mailing Address 14322 NORTH BOULEVARD TAMPA, FL 33613-2010 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 LORETO, EUGENIO N BISHOP 14322 NORTH BOULEVARD TAMPA, FL 33613				7. Name and Address of New Registered Agent Name: ILAY, ROBERT D. BISHOP Street Address (P.O. Box Number is Not Acceptable): 14322 NORTH BLVD. City: TAMPA FL Zip Code: 33613	
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: 		BISHOP ROBERT D. ILAY		JANUARY 17, 2005	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORETO, LOURDES U MD		NAME	ROBERT D. ILAY, BISHOP	
STREET ADDRESS	4327 MIDDLE LAKE DR.		STREET ADDRESS	14322 NORTH BOULEVARD	
CITY-ST-ZIP	TAMPA, FL 336133406		CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	D	<input type="checkbox"/> Delete	TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUBERT, NANCY		NAME	Ella Doherty	
STREET ADDRESS	3012 E. YUKON ST		STREET ADDRESS	5628 Tughilly Drive	
CITY-ST-ZIP	TAMPA, FL 33604		CITY-ST-ZIP	Tampa, FL 33624	
TITLE		<input type="checkbox"/> Delete	TITLE	D.T.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Lorraine Ficava	
STREET ADDRESS			STREET ADDRESS	2016 Nute Ln.	
CITY-ST-ZIP			CITY-ST-ZIP	Tampa, FL 33637	
TITLE		<input type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	NORMITA BRAOEN	
STREET ADDRESS			STREET ADDRESS	802 ATTACHE COURT	
CITY-ST-ZIP			CITY-ST-ZIP	Tampa, FL 33613	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	CELIA MITCHELL	
STREET ADDRESS			STREET ADDRESS	810 ATTACHE CT	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA, FL 33613	
TITLE		<input type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	FINA WEBB	
STREET ADDRESS			STREET ADDRESS	7615 Dunbridge Dr	
CITY-ST-ZIP			CITY-ST-ZIP	GODDSSA FL 33556	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		BISHOP ROBERT D. ILAY		JANUARY 17, 2005 (813) 265-3731	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

50007758



01112005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2501243

Applied For
Not Applicable

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

LORETO, EUGENIO N BISHOP
14322 NORTH BOULEVARD
TAMPA, FL 33613

Name ILAY, ROBERT D. BISHOP

Street Address (P.O. Box Number is Not Acceptable)

14322 NORTH BLVD.

City TAMPA

FL

Zip Code

33613

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SIGNATURE:  BISHOP ROBERT D. ILAY JANUARY 17, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D Delete
 NAME LORETO, LOURDES U MD
 STREET ADDRESS 4327 MIDDLE LAKE DR.
 CITY-ST-ZIP TAMPA, FL 336133406

TITLE P Change Addition
 NAME ROBERT D. ILAY, BISHOP
 STREET ADDRESS 14322 NORTH BOULEVARD
 CITY-ST-ZIP TAMPA, FL 33613

TITLE D Delete
 NAME SCHUBERT, NANCY
 STREET ADDRESS 3012 E. YUKON ST
 CITY-ST-ZIP TAMPA, FL 33604

TITLE V.P. Change Addition
 NAME Ella Doherty
 STREET ADDRESS 5628 Tughilly Drive
 CITY-ST-ZIP Tampa, FL 33624

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D.T. Change Addition
 NAME Lorraine Ficava
 STREET ADDRESS 2016 Nute Ln.
 CITY-ST-ZIP Tampa, FL 33637

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D. Change Addition
 NAME NORMITA BRAOEN
 STREET ADDRESS 802 ATTACHE COURT
 CITY-ST-ZIP Tampa, FL 33613

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Change Addition
 NAME CELIA MITCHELL
 STREET ADDRESS 810 ATTACHE CT
 CITY-ST-ZIP TAMPA, FL 33613

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D. Change Addition
 NAME FINA WEBB
 STREET ADDRESS 7615 Dunbridge Dr
 CITY-ST-ZIP GODDSSA FL 33556

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  BISHOP ROBERT D. ILAY JANUARY 17, 2005 (813) 265-3731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #