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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **752395** **(4)**

1. Corporation Name

CATHEDRAL PINES ASSEMBLY OF GOD, INC.

Principal Place of Business	Mailing Address
2929 OLD CHANEY HIGHWAY TITUSVILLE FL 32780	2929 OLD CHANEY HIGHWAY TITUSVILLE FL 32780

3. Date Incorporated or Qualified: 05/07/1980
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 59-2410749 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROOKS, WAYNE
2929 OLD CHANEY HWY.
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name: DR. JAMES HENDERSHOT
82 Street Address (P.O. Box Number is Not Acceptable): 2929 OLD CHANEY HWY.
83
84 City: TITUSVILLE FL 85 Zip Code: 32780

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: James Hendershot — DR. JAMES HENDERSHOT — 3/3/97
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	☐ DELETE	1.1 TITLE	PDC	☑ Change ☐ Addition
NAME	BROOKS, WAYNE		1.2 NAME	DR. HENDERSHOT, JAMES	
STREET ADDRESS	2929 CHENEY		1.3 STREET ADDRESS	2929 CHANY HWY	
CITY-ST-ZIP	TATUSVILLE FL		1.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	STD	☐ DELETE	2.1 TITLE	STD	☑ Change ☐ Addition
NAME	MERWIN, LARRY		2.2 NAME	SIO, TAYLOR	
STREET ADDRESS	403 ALA #211		2.3 STREET ADDRESS	2651 BAYWOOD DR.	
CITY-ST-ZIP	SATELLITE BEACH FL		2.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	D	☐ DELETE	3.1 TITLE	D	☑ Change ☐ Addition
NAME	COX, JAMES		3.2 NAME	SIMPSON, RUFUS	
STREET ADDRESS	4385 CAMBERLY CT.		3.3 STREET ADDRESS	4203 GROVEWOOD LANE	
CITY-ST-ZIP	PORT ST. JOHN FL		3.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Hendershot REQUIRED 3/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0077830