## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 752395**

1. Corporation Name

CATHEDRAL PINES ASSEMBLY OF GOD, INC.

| Principal Place of Business |
|-----------------------------|
| 2929 OLD CHANEY HIGHWAY     |
| TITUEWILLE EL 22790         |

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

26

2929 OLD CHANEY HIGHWAY TITUSVILLE FL 32780

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90257 030 \*\*\*\*70.00

5 3 8 6 6 2 \* 538662 - 90257 - 30

3. Date Incorporated or Qualifed 05/07/1980

| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc. |                              | 4. FEI Number                               | Applied For                       |  |
|---|--|---------------------|------------------------------|---|-----------------------------------|--|
| 22  |  | 27                  |                              | 59-2410749                                  | Not Applicable                    |  |
| City & State  | Э  | City & State        |                              | 5. Certifcate of Status Desired             | \$8.75 Additional<br>Fee Required |  |
| <b>23</b>   Zip   | Country  | Zip                 | Country                      | 6. Election Campaign Financing              | \$5.00 May Be                     |  |
|   |  | <u> </u>            | ٠ ´                          | Trust Fund Contribution                     | Added to Fees                     |  |
| 24  | 25 Surrent   | <del></del>         |                              | 10. Name and Address of New Registered      |                                   |  |
| Name and Address of Current Registered Agent  |  |                     |                              |   |                                   |  |
|   |  |                     | 81 Name                      | Alfred David Bailey, Jr.                    |                                   |  |
| HENDERSHOT, JAMES D   |  |                     | 82 Street A                  | Address (P.O. Box Number is Not Acceptable) |                                   |  |
| <del>2020 OLD CHANEY HWY-</del>   |  |                     | 83                           | 2929 Old Cheney HWY                         | <del></del>                       |  |
| -TITUSVILLE FL 32780-   |  |                     | 83                           |   |                                   |  |
|   |  |                     | 84 City                      | T:1   | 85 <del>Zio Code</del><br>32/80   |  |
|   |  |                     |                              | Titusville <b>FL</b>                        | ' I                               |  |
| 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, FIORIGE Statutes.  |  |                     |                              |   |                                   |  |
| SIGNATURE   | Alfred David Bailey                                    | 1, Jr. Malalla      | In illes                     | Le 11. 05/06,                               | /99                               |  |
| SIGNATURE   | Signature, typed or printed name of registered agent a |                     | gistered Agent signature rec |   |                                   |  |
| 12.   | OFFICERS AND   |                     | 13.                          | ADDITIONS/CHANGES TO OFFICERS AN            |                                   |  |
| TITLE   | PDC  | <b>⊠</b> DELETE     | 1.1 TITLE                    | P/D   | ☐ Change ☐ Addition               |  |
| NAME ·  | DOWEN, ROBERT L-SR                                     |                     | 1.2 NAME                     | Alford David Dailar In                      |                                   |  |
| STREET ADDRESS  | 4725 COUNTRY LN  |                     | 1.3 STREET ADDRESS           | Alfred David Bailey, Jr.                    | EL 22700                          |  |
| CITY-ST-ZIP   | TITUSVILLE FL 32780                                    |                     | 1.4 CITY-ST-ZIP              | 2929 Old Cheney HWY Titus                   | /111e, FL 34/80                   |  |
| TITLE   | <del>VD-</del>   | <b>⊠</b> DELETE     | 2.1 TITLE                    | <b>D</b> /T/3                               | ☐ Change ☐ Addition               |  |
| NAME  | LASTINGER, TIMOTHY                                     |                     | 2.2 NAMÉ                     | Terry R. Raburn                             | Į                                 |  |
| STREET ADDRESS  | _640-KEY-LARGO-DR                                      |                     | 2.3 STREET ADDRESS           | P.O. Box 24687 Lakeland, F                  | FL 33802                          |  |
|   | -TITUSVILLE-FL-32780-                                  |                     | 2.4 CITY+ST-ZiP              | Tot box 21007 2andrand,                     |                                   |  |
| CITY-ST-ZiP   | STD  | ☐ DELETE            | 3.1 TITLE                    |   | ☐ Change ☐ Addition               |  |
|   | TAYLOR, SID  |                     | 3.2 NAME                     |   |                                   |  |
| NAME  |  |                     | l i                          |   | ļ                                 |  |
| STREET ADDRESS  | 2651 BAYWOOD DR  |                     | 3.3 STREET ADDRESS           |   |                                   |  |
| CITY+ST-ZIP   | TITUSVILLE FL  | <b>⊠</b> DELETE     | 3.4. CITY-ST-ZIP             |   | Change Addition                   |  |
| TITLE   | D DUTTE  | M DELETE            | 4.1 TITLE                    |   |                                   |  |
| NAME  | SIMPSON, RUFUS   |                     | 4.2 NAME                     |   |                                   |  |
| STREET ADDRESS  | 4203 GROVEWOOD LANE                                    |                     | 4.3 STREET ADDRESS           |   |                                   |  |
| CITY-ST-ZIP   | TITUSVILLE FL  |                     | 4.4 CITY-ST-ZIP              |   | Channa D Addition                 |  |
| TITLE   | 1  | ☐ 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-7IP   |  |                     | 6.4 CITY+ST-ZIP              |   |                                   |  |

4. 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 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, with all other like empowered.

SIGNATURE: Alfred SDa Vild Baille W. E. R.

05/06/99

407-267-3700