2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State
07-13-2004 90005 006 ****70.00

DOCUMENT # 752395

1. Entity Name
CATHEDRAL PINES ASSEMBLY OF GOD, INC. DBA Hope Community Fellowship

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

07082004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

HACKENBERG, ROGER H II
2929 OLD CHANEY HWY
TITUSVILLE, FL 32780

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____
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 September 8, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T MEDICA, MICHAEL 1500 E INTERNATIONAL SPEEDWAY BLVD DELAND, FL 32724	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rufus Simpson 4203 Grovewood Lane Titusville, Fl 32780	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BABURN, TERRY PO BOX 24687 LAKELAND, FL 33802	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ED MAKowiec 1293 LiHle oAk Circle Titusville, Fl 32780	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SIDNEY, TAYLOR 2651 BAYWOOD DRIVE TITUSVILLE, FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST sidney TAYlor 4125 HemLock LN Titusville, Fl 32780	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T POWELL, STEVE PO BOX 24687 LAKELAND, FL 33802	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bennie Miller 2895 Kingfisher Way Mims, Fl 32754	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HACKENBERG, ROGER H II 2929 CHEVEY HIGHWAY TITUSVILLE, FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Roger HACKENBurg II 2929 Chaney Highway Titusville, Fl 32780	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARK SWALLOW 7818 FALLing Leaf Pl MELBOURNE, Fl 32940	☐ Change ☒ Addition

12. 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 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: Linda Gail Taylor 6/30/04 Secretary-TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #