## FILED 2003 NOT-FOR-PROFIT CORPORATION May 07, 2003 8:00 am § **UNIFORM BUSINESS REPORT (UBR) Secretary of State DOCUMENT # 752395** 05-07-2003 90149 024 \*\*\*\*70.00 1. Entity Name CATHEDRAL PINES ASSEMBLY OF GOD, INC. Principal Place of Business Mailing Address 2929 OLD CHANEY HIGHWAY 2929 OLD CHANEY HIGHWAY TITUSVILLE FL 32780 TITUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-2410749 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HRRIS, TIMOTHY 2929 OLD CHANEY HWY TITUSVILLE FL 32780 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 e of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 $\Box$ Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 1/ OFFICERS AND DIRECTORS 11. Delete ☐ Addition TITLE TITLE Change NAME MEDICA, MICHAEL NAME STREET ADDRESS 1500 E INTERNATIONAL SPEEDWAY BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DELAND FL 32724 TITLE Delete TITLE Change Addition BABURN, TERRY NAME NAME STREET ADDRESS PO BOX 24687 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKELAND FL" 33802 F Delete ☐ Addition TITLE TITLE Change SIDNEY, TAYLOR NAME NAME STREET ADDRESS STREET ADDRESS 2651 BAYWOOD DRIVE CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 TITLE ☐ Delete TITLE Change ☐ Addition POWELL, STEVE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

ROGER HACKENBERG II

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

PO BOX 24687

LAKELAND FL 33802

2929 CHEVEY HIGHWAY

TITUSVILLE FL 32780

HARRIS, TIMOTHY

SIGNATURE REQUIRED

R Delete

Delete

Addition

☐ Addition

[ ] Change