## →FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT #**1. Corporation Name

759083

(9)

CATHEDRAL OF PRAISE WORSHIP CENTER, INC.

Mailing Address
4035 S.W. 18TH ST. HOLLYWOOD FL 33023-3401

## **FILED** Jan 28 1997 8:00am Secretary of State



4035 S.W. 18TH HOLLYWOOD F		4035 S.W. 18TH ST. HOLLYWOOD FL 33023-3	1401			3. Date Incorporated or Qualified	3a. Da	ite of Last R	eport
			·			07/10/1981		08/12/19	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number 65-0001787		<u> </u>	plied For
Suite, Apt.	# elc	Suite, Apt. #, etc.						\$8.75	t Applicable
22 27		<del>                                     </del>				5. Certificate of Status Desired	×	Fee Required	
City & State	е	City & State				Election Campaign Financing Trust Fund Contribution		<b>\$5.00</b> Added t	
Zip 24	Country 25	Zip 29	Countr 30	У		This corporation has liability for Florida Statutes	intangible Yes		199.032,
	9. Name and Address of Currer					10. Name and Address of New Re	gistered /	bent	
			8	Na Na	me				
FRANCIS, BETTY J.			82	2 Stre	et Addre	ss (P.O. Box Number is Not Acceptal	ole)		
	W. 18TH ST. OOD FL 33023		8;	3					
HOLLAN	JOD FL 33023								
			84	4 City	1		FL	85 Zip (	Code
11. Pursuant office or r	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 617.1508, Florida States of Florida, Such change was continued for the contin	utes, the abor	ve-nam	ned corpo corporatio	ration submits this statement for the parties board of directors. I hereby acce	ourpose of pt the app	changing it ointment as	s registered registered
SIGNATURE	im familiar with, and accept the oblig	adons of, Section 017.0303, i	IOIGA SIAIUR	98.					
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (No	OTE Registered A	gent sign	ature required	when reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	PD	☐ DELETE	1.1 TITLE		į.			Change	Addition
NAME	FRANCIS, BETTY J		1.2 NAM						
STREET ADDRESS	4035 S.W. 18TH ST.		1.3 STRE		SS				
CITY-ST-ZIP	HOLLYWOOD FL 33023	DELETE	1.4 CITY					Change	Addition
TITLE NAME	JENKINS, MARY	L. DECERE	2.1 HILE 2.2 NAME					T Change	LT VOOIDON
STREET ADDRESS	4035 S.W. 18TH ST.		2.3 STREE		ec .				
CITY-ST-ZIP	HOLLYWOOD FL 33023		2.4 CITY						
TITLE	SO	DELETE	3.1 TiTLE				************	Change	Addition
NAME	WILLIAMS, HATTIE		3.2 NAME	Ē					
STREET ADDRESS	4035 S.W. 18TH ST.		3.3 STRE	ET ADDRE	:SS				
CITY-ST-ZIP	HOLLYWOOD FL 33023	_	3.4. CITY	-ST-ZIP	1				
TITLE	D	DELETE	4.1 TITLE					Change	☐ Addition
NAME	DEAS, JOSEPH		4. 2 NAM	E	ł	e was warden			
STREET ADDRESS	4035 S.W. 18TH ST.		4.3 STRE	et addre	:SS	and the second			
CITY-ST-ZIP	HOLLYWOOD FL 33023		4.4 CITY			<u></u>			
TITLE		☐ DELETE	5.1 TITLE					☐ Change	☐ Addition
NAME	•		5.2 NAM						
STREET ADDRESS			5.3 STAE		SS				
CITY-ST-ZIP		☐ DELETE	5.4 CITY					Change	Addition
TITLE		I DEFEIF	6.1 TITLE					— Ciange	
NAME			6.2 NAM						
STREET ADDRESS				ET ADDRE	:88				
CITY - ST - ZIP	1		6.4 CITY	-ST-ZIP	1.				

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: