## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

(9)

| CATHEDRAL OF PRAISE WORSHIP CENTER, INC. |  |   |                           |   |  |
|--|--|---|---------------------------|---|--|
| Principal Place of Business              |  | Mailing Address                                 |                           |   | s sonett sonet Errie saver midt imite rint arteit britit bibli eint britit Erbit (not  |
| 4035 S.W. 18TH ST.<br>HOLLYWOOD FL 33023 |  | 4035 S.W. 18TH ST.<br>HOLLYWOOD FL 33023        |                           |   | 3. Date Incorporated or Qualified  07/10/1981  4. FEI Number  Applied For  |
|  |  |   |                           |   | 4. FEI Number Applied For Not Applied For Not Applicable   |
| 2. Principal P                           | lace of Business   | 2a. Mailing Address                             |                           |   | ¢0.75 Augustand  |
| 21                                       |  | 26  |                           |   | Certificate of Status Desired     Fee Required   |
| Suite, Apt. #, etc.                      |  | Suite, Apt. #, etc.                             |                           |   | 6. Election Campaign Financing \$5.00 May Be   |
| City & State                             |  | City & State                                    |                           | ·                                       | Trust Fund Contribution  |
| 23                                       |  | 28  |                           |   | 7. Is this nonprofit corporation a homeowners association?   |
| Zip                                      | Country  | Zip   | Country                   | /                                       | This corporation owes or has paid the current year Intangible  |
| 24                                       | 25   | 29  | 30                        |   | Personal Properly Tax due June 30. Yes No  |
|  | 9. Name and Address of Currer                                      | nt Registered Agent                             |                           |   | 10. Name and Address of New Registered Agent   |
|  |  |   | 81                        | Name 7                                  | BARBARA L. GIBSON  |
|  |  |   |                           | ess (P.O. Box Number is Not Acceptable) |  |
| 4035 S.W. 18TH ST.<br>Hollwood Fl. 33023 |  |   | 83                        |   | -4-6   |
| HOLLING                                  | 100 FL 33023   |   | L                         | 4035                                    | 5.W. 18" ST.   |
|  |  |   | 84                        |   | CYWOOD FL 85 Zip Code 33023  |
| 11. Pursuant                             | to the provisions of Sections 617.050                              | 12 and 617.1508, Florida Statute                | s, the above              | e-named corp                            | oration submits this statement for the purpose of changing its registered ion's board of directors. Thereby accept the appointment as registered |
| agent. I a                               | m tamiliar with, and accept the obliga                             | ations of, Section 617.0503, Flo                | ida Statutes              | s () corporali                          | ion's board only rectors thereby accept the appointment as registered  |
| SIGNATURE                                | BARBARA 1- GIR   | 350N, ADMINIBRATO                               | x/ son                    | Lane                                    | L- 10chron 4/26/98   |
| 12.                                      | Signature, typed or printed name of registered age<br>OFFICERS ANI | ent and title if applicable. (NOTE: D DIRECTORS | tegislered Age            | ent signature require                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE                                    | PD   | DELETE  | 1.1 TITLE                 |   | ☐ Change ☐ Addition  |
| NAME                                     | FRANCIS, BETTY J   |   | 1.2 NAME                  |   |  |
| STREET ADDRESS                           | 4035 S.W. 18TH ST.   |   | 1.3 STREET                | ADDRESS                                 |  |
| CITY-ST-ZIP                              | HOLLYWOOD FL 33023   |   | 1.4 CITY-S                | ST-ZIP                                  |  |
| TITLE                                    | TD   | DELETE  | 2.1 TITLE                 |   | Change Addition  |
| NAME                                     | JENKINS, MARY  |   | 2.2 NAME                  |   |  |
| STREET ADDRESS                           | 4035 S.W. 18TH ST.   |   | 2.3 STREET                | ADDRESS                                 |  |
| CITY-ST-ZIP                              | HOLLYWOOD FL 33023   |   | 2. 4 CITY-                | ST-ZIP                                  |  |
| TITLE                                    | SD   | DELETE  | 3.1 TITLE                 |   | Change Addition  |
| NAME                                     | WILLIAMS, HATTIE   |   | 3.2 NAME                  |   |  |
| STREET ADDRESS                           | 4035 S.W. 18TH ST.   |   | 3.3 STREET                | ADDRESS                                 |  |
| CITY-ST-ZIP                              | HOLLYWOOD FL 33023   | DELETE  | 3.4. CITY - S             | ST-ZIP                                  | D Oberes D 4 d Nice  |
| TITLE                                    | D<br>DEAC IOCEDIA  | L. DECEIE                                       | 4.1 TITLE                 |   | Change Addition  |
| NAME                                     | DEAS, JOSEPH<br>4035 S.W. 18TH ST.                                 |   | 4. 2 NAME                 |   |  |
| STREET ADDRESS                           | HOLLYWOOD FL 33023   |   | 4.3 STREET                |   |  |
| CITY-ST-ZIP<br>TITLE                     | HOLLIWOOD FL 33023   | DELETE  | 4.4 CITY - S<br>5.1 TITLE | 1-211                                   | ☐ Change ☐ Addition  |
| NAME                                     |  | - otter   | 5.2 NAME                  |   | C. Orango C. Addition  |
| STREET ADDRESS                           |  |   | 5.3 STREET                | ADDRESS                                 |  |
| CITY-ST-ZIP                              |  |   | 5.4 CITY-S                |   |  |
| TITLE                                    |  | DELETE  | 6.1 TITLE                 | . 20                                    | Change Addition  |
| NAME                                     |  | —   | 6.2 NAME                  |   | — · — ·  |
| STREET ADDRESS                           |  |   | 6.3 STREET                | ADDRESS                                 |  |
| City-St-zip                              |  |   | 64 City-S                 |   |  |

Thereby 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.

**FILED** 

May 19 1998 8:00am

Secretary of State