

FILE NOW: FILING FEE IS \$61.25

FILED
Sep 23, 1999 8:00 am
Secretary of State

09-23-1999 90012 009 ****61.25

09-23-1999 90012 010 *****8.75

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 759083					
1. Corporation Name CATHEDRAL OF PRAISE WORSHIP CENTER, INC.					
Principal Place of Business 4035 S.W. 18TH ST. HOLLYWOOD FL 33023			Mailing Address 4035 S.W. 18TH ST. HOLLYWOOD FL 33023		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 07/10/1981	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0001787	
City & State 23		City & State 28		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent GIBSON, BARBARA L 4035 S.W. 18TH ST. HOLLYWOOD FL 33023				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

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, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. 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-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			3.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME	DEAS, JOSEPH			4.2 NAME			
STREET ADDRESS	4035 S.W. 18TH ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33023			4.4 CITY-ST-ZIP			
TITLE		☐ 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-ZIP				6.4 CITY-ST-ZIP			

14. 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:

Betty J. Francis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/99

Date

(954) 961-5962

Daytime Phone #

CR2F037 (11/98)