2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#759083

Entity Name: CATHEDRAL OF PRAISE WORSHIP CENTER, INC.

FILED Apr 23, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4035 S.W. 18TH ST. HOLLYWOOD, FL 33023

Current Mailing Address: New Mailing Address:

4035 S.W. 18TH ST. HOLLYWOOD, FL 33023

FEI Number: 65-0001787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GIBSON, BARBARA L 4035 S.W. 18TH ST. HOLLWOOD, EL 3302

HOLLWOOD, FL 33023 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 P/D
 (X) Change () Addition

 Name:
 FRANCIS, BETTY J
 Name:
 FRANCIS, BETTY J REV.

 Address:
 4035 S.W. 18TH ST.
 Address:
 4035 S.W. 18TH ST.

 City-St-Zip:
 HOLLYWOOD, FL 33023
 City-St-Zip:
 HOLLYWOOD, FL 33023

Title: P () Delete Title: D (X) Change () Addition Name: JENKINS, MARY REV.

Address: 4035 S.W. 18TH ST. Address: 4035 S.W. 18TH ST. City-St-Zip: HOLLYWOOD, FL 33023 City-St-Zip: HOLLYWOOD, FL 33023

Title: SD () Delete Title: S/D (X) Change () Addition

 Name:
 WILLIAMS, HATTIE
 Name:
 WILLIAMS, HATTIE REV.

 Address:
 4035 S.W. 18TH ST.
 Address:
 4035 S.W. 18TH ST.

 City-St-Zip:
 HOLLYWOOD, FL 33023
 City-St-Zip:
 HOLLYWOOD, FL 33023

 Title:
 TD
 () Delete
 Title:
 T/D
 (X) Change () Addition

 Name:
 GIBSON, BARBARA DR.
 Name:
 GIBSON, BARBARA DR.

 Address:
 4035 S.W. 18TH ST.
 Address:
 4035 S.W. 18TH ST.

 City-St-Zip:
 HOLLYWOOD, FL 33023
 City-St-Zip:
 HOLLYWOOD, FL 33023

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. BARBARA GIBSON T/D 04/23/2002