

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759083

FILED
Apr 29, 2004
Secretary of State

Entity Name: CATHEDRAL OF PRAISE WORSHIP CENTER, INC.

Current Principal Place of Business:

278 N.E. 35TH CT.
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

278 N.E. 35TH CT.
OAKLAND PARK, FL 33334

New Mailing Address:

FEI Number: 65-0001787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBSON, BARBARA L DR.
278 N.E. 35TH CT.
OAKLAND PARK, FL 33334 US

Name and Address of New Registered Agent:

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:

Title: P/D () Delete
Name: FRANCIS, BETTY J BISHOP
Address: 278 N.E. 35TH CT.
City-St-Zip: OAKLAND PARK, FL 33334

Title: D () Delete
Name: JENKINS, MARY REV.
Address: 278 N.E. 35TH CT.
City-St-Zip: OAKLAND PARK, FL 33334

Title: S/D () Delete
Name: WILLIAMS, HATTIE REV.
Address: 278 N.E. 35TH CT.
City-St-Zip: OAKLAND PARK, FL 33334

Title: T/D () Delete
Name: GIBSON, BARBARA DR.
Address: 278 N.E. 35TH CT.
City-St-Zip: OAKLAND PARK, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/29/2004

Electronic Signature of Signing Officer or Director

Date