FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01 1997 8:00 am
Secretary of State

DOCUMENT # **N02033** **(1)**

1. Corporation Name

CATHEDRAL OF FAITH, INC.

Principal Place of Business	Mailing Address
2525 N. DAVIS STREET PENSACOLA FL 32503 US	CATHEDRAL OF FAITH P.B. CHURCH P.O. BOX 18278 PENSACOLA FL 32523-8278 US

3. Date Incorporated or Qualified: 03/19/1984
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business — 21 Suite, Apt. #, etc. — 22 City & State — 23 Zip — 24 Country — 25

2a. Mailing Address — 26 Suite, Apt. #, etc. — 27 City & State — 28 Zip — 29 Country — 30

4. FEI Number: 59-2330505 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TOLBERT, GEORGE JR.
3860 POTOSI ROAD
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name: HAWTHORNE, JACK
82 Street Address (P.O. Box Number is Not Acceptable): 6634 BELLVIEW PINES ROAD
83: PENSACOLA, FL 32526
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: Jack Hawthorne 3/27/97
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	SD	☒ DELETE	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	HAWTHORN, WALTER		1.2 NAME	LADD, BARBARA S.	
STREET ADDRESS	5835 ADELYN RD		1.3 STREET ADDRESS	800 E. HATTON ST	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	D	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	DENNIS, JOHNNY J. SR.		2.2 NAME	HEMPHILL, BRUCE	
STREET ADDRESS	6418 DUNBAR		2.3 STREET ADDRESS	820 N. WITT LANE	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	WINGATE, ALVIN		3.2 NAME	KING, MIRIAM M.	
STREET ADDRESS	10901 GULF BEACH HWY		3.3 STREET ADDRESS	301 E. MORENO ST	
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	PD	☒ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	TOLBERT, GEORGE, JR.		4.2 NAME	PEAZANT, CLEO	
STREET ADDRESS	3860 POTOSI RD.		4.3 STREET ADDRESS	2156 HILLARY LN	
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	HAWTHORNE, JACK	
STREET ADDRESS			5.3 STREET ADDRESS	6634 BELLVIEW PINES ROAD	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	PENSACOLA, FL 32526	
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		

CR2E037 (9/96)

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: Jack Hawthorne REQUIRED 3/27/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0073200