

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02033

1. Entity Name

CATHEDRAL OF FAITH CHURCH, PENSACOLA, INC.

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91407 012 *****61.25

0063448

Principal Place of Business 2525 N. DAVIS STREET PENSACOLA FL 32503 US	Mailing Address CATHEDRAL OF FAITH CH CHURCH, Inc. P.O. BOX 18278 PENSACOLA FL 32523 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2330505	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAWTHORNE, JACK 6634 BELLEVIEW PINES RD PENSACOLA FL 32526

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LADD, BARBARA S 800 E HATTON ST PENSACOLA FL 32503 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGLISH, CLARINE K 216 W HIGHLAND DR PENSACOLA FL 32503 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING, MIRIAM M 301 E MORENO ST PENSACOLA FL 32503 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEAZANT, CLEO 2156 HILLARY LN NAVARRE FL 32566 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWTHORNE, JACK 6634 BELLEVIEW PINES RD PENSACOLA FL 32526 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Ladd, Barbara S. 861 Petunia Av PENSACOLA, FL 32505 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-02

Date

(250) 939-9134

Daytime Phone #

CR2E037 (9/01)