2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT # N02033

1. Entity Name
CATHEDRAL OF FAITH CHURCH, PENSACOLA, INC.

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

01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

HAWTHORNE, JACK
6634 BELLEVIEW PINES RD
PENSACOLA, FL 32526

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

U00000878019
04/14/08-80038-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	AVERHART, GERALDINE
STREET ADDRESS	6708 GULLEY LN
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	D
NAME	ENGLISH, CLARINE K
STREET ADDRESS	216 W HIGHLAND DR
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	TD
NAME	KING, MIRIAM M
STREET ADDRESS	301 E MORENO ST
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	PD
NAME	PEAZANT, CLEO
STREET ADDRESS	2156 HILLARY LN
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	D
NAME	HAWTHORNE, JACK
STREET ADDRESS	6634 BELLEVIEW PINES RD
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Miriam M. King 3-30-08 (850) 434-6202
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #