


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N9600000922</b> 1. Entity Name <b>THE CATHEDRAL CHURCH OF THE RESURRECTION, INC.</b>	
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Principal Place of Business <b>6701 SW 25 ST MIRAMAR FL 33023</b>	Mailing Address <b>6701 SW 25 ST MIRAMAR FL 33023</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
State, Apt. #, etc.	State, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number <b>65-0644603</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**SPEER, W. MORGAN  
1800 AUSTRALIAN AVENUE SOUTH  
SUITE 100  
WEST PALM BEACH FL 33409**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 is required when re-appointing)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PCD <input type="checkbox"/> Delete <b>SIMPSON, DAVID REV.</b> 1038 N 32ND AVE HOLLYWOOD FL 33021
TITLE	VD <input type="checkbox"/> Delete <b>HUDOCK, DONALD REV.</b> 2731 CYPRESS AVE MIRAMAR FL
TITLE	D <input type="checkbox"/> Delete <b>MORRIS, COLIN</b> NE 94TH ST MIAMI SHORES FL 33138
TITLE	D <input type="checkbox"/> Delete <b>TRACEY, JEROME</b> 3061 LUCERNE WAY MIRAMAR FL 33025
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>U00000820470</b>
STREET ADDRESS	<b>02/18/08-80030-008 61.25</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 unpowered.

**SIGNATURE:**  **David R. Simpson 2/6/08 (954) 983-5005**