

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90060 034 ****70.00

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DOCUMENT # N96000001212

1. Entity Name

CATHEDRAL OF THE HOLY SPIRIT AT THE LIGHTHOUSE OF FAITH CHRISTIAN CENTER, INC.

Principal Place of Business

Mailing Address

755 LOVEJOY ROAD NW
 FORT WALTON BEACH FL 32548

P.O. BOX 193
 MARY ESTHER FL 32569

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3383791

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, STANLEY D
184 BAGGETT PLACE
FORT WALTON BEACH FL 32548

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NQW: 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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	WILLIAMS, STANLEY D	
STREET ADDRESS	184 BAGGETT PLACE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WILLIAMS, BETHTINA Q	
STREET ADDRESS	184 BAGGETT PLACE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CLARK, SHAWNER	
STREET ADDRESS	3665 BURTON CIRCLE	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, David F.	
STREET ADDRESS	19 McMillan Street	
CITY-ST-ZIP	Hurlburt Field AFB, FL 32544.	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Ray Sr. - B.W. (DU)	
STREET ADDRESS	424 Village Lane	
CITY-ST-ZIP	Fort Walton Beach, FL 32547	
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 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

Bethtina Q. Williams Bethtina Q. Williams

1/24/02 (850) 244-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)