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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N96000005805 (4)

1. Corporation Name

CATHEDRAL OF THE HOLY SPIRIT AT WORLD OF FAITH O UTREACH CHRISTIAN CENTER, INC.

Principal Place of Business	Mailing Address
2440 SUMMER BROOK ST. MELBOURNE FL 32940	2440 SUMMER BROOK ST. MELBOURNE FL 32940

3. Date Incorporated or Qualified: 11/08/1996

4. FEI Number: 65-0717780 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 876 U.S. Highway 1	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Rockledge, FL	City & State 28
Zip / Country 24 32955 / 25 U.S.	Zip / Country 29 / 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HATCHER, ANTHONY J 2440 SUMMER BROOK ST. MELBOURNE FL 32940	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTRD	☐ DELETE	1.1 TITLE	T/Tr	☐ Change ☒ Addition
NAME	HATCHER, ANTHONY		1.2 NAME	Carolyn Williams	
STREET ADDRESS	2440 SUMMER BROOK ST		1.3 STREET ADDRESS	976 Kingfisher Way	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	VDTR	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HATCHER, CHARLENE		2.2 NAME		
STREET ADDRESS	2440 SUMMER BROOK ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, SYLVIA		3.2 NAME		
STREET ADDRESS	6470 BAMBOO AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PT ST JOHN FL		3.4 CITY-ST-ZIP		
TITLE	DTR	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BURGESS, BARBARA		4.2 NAME		
STREET ADDRESS	1193 WALNUT GROVE WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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 (10/97)

14. 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 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: Anthony J. Hatcher Anthony J. Hatcher 20 Jan 98 (407)253-8723