2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
02-29-2000 90111 045 ****61.25

DOCUMENT # N96000005805

1. Entity Name

CATHEDRAL OF THE HOLY SPIRIT AT WORLD OF FAITH O

Principal Place of Business	Mailing Address
876 US HWY 1 ROCKLEDGE FL 32955 US	2440 SUMMER BROOK ST. MELBOURNE FL 32940-7172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
217 Dixie Lane	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Rockledge, FL	City & State
Zip: 32956 Country: USA	Zip Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HATCHER, ANTHONY J 2440 SUMMER BROOK ST. MELBOURNE FL 32940	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTRD HATCHER, ANTHONY 2440 SUMMER BROOK ST MELBOURNE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDTR HATCHER, CHARLENE 2440 SUMMER BROOK ST MELBOURNE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TTR WILLIAMS, CAROLYN 976 KINGFISH WAY ROCKLEDGE FL 32955	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TTR Sconiers, Joyce 991 Pineland Dr. Rockledge, FL 32955	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTR BURGESS, BARBARA 1193 WALNUT GROVE WAY ROCKLEDGE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 Charlene Hatcher 30 March 00 321-635-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Charlene Hatcher