

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005805

FILED
Apr 15, 2005
Secretary of State

Entity Name: CATHEDRAL OF THE HOLY SPIRIT AT WORLD OF FAITH OUTREACH CHRISTIAN CENTER, INC.

Current Principal Place of Business:

217 DIXIE LANE
ROCKLEDGE, FL 32956 US

New Principal Place of Business:

Current Mailing Address:

2440 SUMMER BROOK ST.
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 65-0717780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATCHER, ANTHONY J
2440 SUMMER BROOK ST.
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTRD () Delete
Name: HATCHER, ANTHONY
Address: 2440 SUMMER BROOK ST
City-St-Zip: MELBOURNE, FL

Title: VDTR () Delete
Name: HATCHER, CHARLENE
Address: 2440 SUMMER BROOK ST
City-St-Zip: MELBOURNE, FL

Title: TTR () Delete
Name: FRAZIER, SERVOLA
Address: 2320 POLONIUS LANE
City-St-Zip: MELBOURNE, FL 32934

Title: DTR () Delete
Name: FRAZIER, GEORGE
Address: 2320 POLONIUS LANE
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLENE HATCHER

VDPT

04/15/2005

Electronic Signature of Signing Officer or Director

Date