

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90137 045 ****61.25

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1. Entity Name

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



Principal Place of Business

**217 DIXIE LANE
ROCKLEDGE FL 32956
US**

Mailing Address

**2440 SUMMER BROOK ST.
MELBOURNE FL 32940**

60060103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0717780**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

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	VDTR HATCHER, CHARLENE 2440 SUMMER BROOK ST MELBOURNE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR FRAZIER, SERVOLA 2320 POLONIUS LANE MELBOURNE FL 32934	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTR BURGESS, BARBARA 1193 WALNUT GROVE WAY ROCKLEDGE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Charlene Hatcher **VDTR** 3-31-03 321-635-8844

CR2E037 (10/02)