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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra E. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N28761** (7)

1. Corporation Name

GOLD COAST CHRISTIAN CATHEDRAL, INC.

Principal Place of Business

Mailing Address

**%S. HOWARD REED
1300 N FEDERAL HWY. STE 102
BOCA RATON FL 33432-2848**

**%S. HOWARD REED
1300 N FEDERAL HWY. STE 102
BOCA RATON FL 33432-2848**

3. Date Incorporated or Qualified

10/17/1988

4. FEI Number

65-0077708

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 399 W. PALMETTO PARK RD

28 399 W. PALMETTO PARK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #206

27 #206

City & State

City & State

23 BOCA RATON, FL

28 BOCA RATON, FL

Zip

Country

Zip

Country

24 33432

25 USA

29 33432

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REED, S. HOWARD
1300 N. FEDERAL HIGHWAY
SUITE 102
BOCA RATON FL 33432**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

399 W. PALMETTO PARK RD.

83

STE. 206

84 City

BOCA RATON

FL

85 Zip Code

33432

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	CROFT, JAMES	
STREET ADDRESS	1050 NW 15TH AVE	
CITY-ST-ZIP	BOCA RATON FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CROFT, PRUDENCE	
STREET ADDRESS	1050 NW 15TH AVE	
CITY-ST-ZIP	BOCA RATON FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	REED, S. HOWARD	
STREET ADDRESS	1300 N. FEDERAL HWY #101	
CITY-ST-ZIP	BOCA RATON FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	Robert Byers	
STREET ADDRESS	4121 N.E. 17th Terrace	
CITY-ST-ZIP	Pompano Beach, FL 33064	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

PRUDENCE CROFT

CR2E037 (10/97)