2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90046 004 ****61.25

DOCUMENT # 715484

1. Entity Name
FAITH IN CHRIST BAPTIST CATHEDRAL, INC.

Principal Place of Business	Mailing Address
1109 E. OSBORNE AVE. TAMPA, FL 33603	1109 E. OSBORNE AVE. TAMPA, FL 33603

01272004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0696292 ☐ 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
HARRINGTON, BOBBIE J 4806 N OLNEY AVE TAMPA, FL 33603	Name: KIRKLAND, KATIE M. Street Address (P.O. Box Number is Not Acceptable): 1109 E. Osborne Avenue City: Tampa **FL** Zip Code: 33603

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: Katie M. Kirkland — Katie M. Kirkland — March 29, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2004

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	D MOBLEY, JEWEL 5001 N 15TH ST TAMPA, FL 33610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition BENT, LONICA 1506 W. River Lane Tampa, FL 33603
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KIRKLAND, DR. SAMUEL O SR 1109 E OSBORNE AVENUE TAMPA, FL 33603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition MUNN, ANTHONY 1406 E. Emma Street Tampa, FL 33603
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HIRES, JEANELLE 6004 RIVER TERR TAMPA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HARRINGTON, BOBBIE J 4806 N. OLNEY AVENUE TAMPA, FL 33603	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIRKLAND, KATIE M 1109 E. OSBORNE AVENUE TAMPA, FL 33603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRICKLAND, PATRICIA P 1010 RIVER HTS. TAMPA, FL 33603	☒ Delete	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: Dr. Samuel O. Kirkland, Sr., President March 29, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(813) 234-1321

$61.25 CK #1090