2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005
Secretary of State

DOCUMENT# 715484

Entity Name: FAITH IN CHRIST BAPTIST CATHEDRAL, INC.

Current Principal Place of Business:

1109 E. OSBORNE AVE.
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

1109 E. OSBORNE AVE.
TAMPA, FL 33603

New Mailing Address:

1109 E. OSBORNE AVE.
TAMPA, FL 33603 US

FEI Number: 59-0696292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIRKLAND, KATIE M
1109 E. OSBORNE AVE.
TAMPA, FL 33603 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:	D	( ) Delete
Name:	MOBLEY, JEWEL	
Address:	5001 N 15TH ST	
City-St-Zip:	TAMPA, FL 33610	
Title:	PD	( ) Delete
Name:	KIRKLAND, DR. SAMUEL O SR	
Address:	1109 E OSBORNE AVENUE	
City-St-Zip:	TAMPA, FL 33603	
Title:	D	( ) Delete
Name:	HIRES, JEANELLE	
Address:	6004 RIVER TERR	
City-St-Zip:	TAMPA, FL	
Title:	STD	( ) Delete
Name:	BENT, LONICA	
Address:	1506 W. RIVER LANE	
City-St-Zip:	TAMPA, FL 33603	
Title:	D	( ) Delete
Name:	KIRKLAND, KATIE M	
Address:	1109 E. OSBORNE AVENUE	
City-St-Zip:	TAMPA, FL 33603	
Title:	D	( ) Delete
Name:	MUNN, ANTHONY	
Address:	1406 E. EMMA ST.	
City-St-Zip:	TAMPA, FL 33603	

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:	
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: KATIE M. KIRKLAND D 03/17/2005

Electronic Signature of Signing Officer or Director — Date