

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90071 031 ****70.00

DOCUMENT # 742474

1. Entity Name
THE CATHEDRAL OF HOPE, INC.



The Cathedral of Hope, Inc.
11450 SW 187 Street
South Miami Heights
Miami, Florida 33157

Mailing Address
12990 SW 186 TERR
MIAMI, FL 33177 US



01312005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0136374	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

SAMUEL, HEWLESTER A.
12990 SW 186 TERR
MIAMI, FL 33177

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAMUEL, HEWLESTER A. (RE 12990 SW 186TH TERRACE MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAMUEL, ANITA (REV) 12990 SW 186TH TERRACE MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAMUEL, HEWLESTER A. G. 12990 SW 186TH TERRACE MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:

Hewlester A. Samuel **HEWLESTER A. SAMUEL**

Date

3/01/05

Daytime Phone #