2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2007 8:00 am **DOCUMENT # 760821** Secretary of State 1. Entity Name 03-21-2007 90053 001 *****8.75 CHRIST CATHEDRAL INC. 03-21-2007 90053 002 ****61.25 Principal Place of Business Mailing Address 550 INDIAN RIVER COUNTY VERO BEACH FL 32960 US P O BOX 690273 VERO BEACH FL 32969 2. Principal Place of Business - No P.O. Box # 494 AUE SAME Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State 4. FEI Number Applied For ERO BEILCH 59-1933325 Not Applicable Zi,s Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOTTIE NICHOLSON MARROTTE, DENIS 810 8TH STREET LOT 77 VERO BEACH FL 32960 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. 3/6/2007 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete PCD Addition NAME MARROTTE, SARAH NAME LOTTIE NICHOLSON STREET ADDRESS STREET ADDRESS 1145 22ND ST 4526 494 AUR VERO BENCH, FLA 32967 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 Delete TITLE TITLE ■ Addition NAME MARROTTE, MATTHEW NAME WILFRED NICHOLSON 4526 49th AUR-VERO BEACH, FLH 3296" STREET ADDRESS STREET ADDRESS 1145 22ND ST CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 PCD Delete THE ☐ Addition NAME NAMI JOKER PRIVE MARROTTE, DENIS 4116 31 ST AUB. STREET ADDRESS STREET ADDRESS 810 8TH ST. LOT 77 CITY-ST-7IP CHY-SI-7IP VEROBENCH FLY VERO BEACH FL 32960 Defete TITLE TITLE ☐ Addition SD JAVON MOORE 2680 GSTH SQ NAME NAME HENN, BRAD STREET ADDRESS STRUET ADDRESS 3362 21ST AVE CITY-SI-ZIP CITY-SI-7LP VERO BEACH FL 32962 DILE ☐ Delete THE Addition NAME NAME BRITY LEWIS STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP HILE ☐ Delete DILLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP

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with an address, with all other like empowered.

if changed, or on an attachment

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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