

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

0075123

DOCUMENT # 760821

1. Entity Name

CHRIST CATHEDRAL INC.



04-14-2003 90881 001 *****8.75

04-14-2003 90881 002 *****61.25

Principal Place of Business

**2115 PALM BAY RD NE
STE 6E
PALM BAY FL 32905**

Mailing Address

**PO BOX 100377
PALM BAY FL 32910
US**

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 **59-1933325**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

**STUTLER, TIM
843 PEMBROKE AVE NE
PALM BAY FL 32907**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE	TD	☐ Delete
NAME	STUTLER, JANE W	
STREET ADDRESS	1485 MALIBO CIR NE #108	
CITY-ST-ZIP	PALM BAY, FL 00000	
TITLE	VD	☐ Delete
NAME	STUTLER, TIM	
STREET ADDRESS	843 PEMBROKE AVE NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	PCD	☐ Delete
NAME	STUTLER, KAREN A	
STREET ADDRESS	843 PEMBROKE AVE NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	SD	☐ Delete
NAME	STUTLER, JUSTIN C	
STREET ADDRESS	188 SAN JUAN CIR #186	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Jane W Stutler* **4-10-03 321-727-1719**

CR2E037 (10/02)