

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

FILED

DOCUMENT # *N00000001972*

1. Entity Name

Cathedral of Love Christian Center, Inc

02 JUN 10 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4016 S. Lake Terrace
Suite, Apt. #, etc.

3. Mailing Address

4016 S. Lake Terr
Suite, Apt. #, etc.

REINSTATEMENT *01-02*
DO NOT WRITE IN THIS SPACE

City & State

Miramar FL

City & State

Miramar FL

4. FEI Number

65-0616425

Applied For

Not Applicable

Zip

33023

Country

USA

Zip

33023

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

REV. JONATHAN C. GRAHAM

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

4016 S. LAKE TERRACE

City

Miramar

FL

Zip Code

33023

**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.

SIGNATURE

Rev. Jonathan C. Graham - Rev. Jonathan C. Graham
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Chairman

President 5/14/2002

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*Secretary
Rebecca M. Graham
4016 S. Lake Terrace
Miramar FL 33023*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100005823601--
-06/18/02--01084--004-
******297.50 ****297.50**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*Director
Lawrence Cook
P.O. Box 4264
Miami FL 33269*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*Director
Joe Buyscks
P.O. Box 4264
Miami FL 33269*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*Director
Hattie Simmons
20522 NW 33 Ct
Miami FL 33056*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*Director
Helen Moss
8801 NW 12th Ave
Miami FL 33150*

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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Rev. Jonathan C. Graham
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037B (12/01)