


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000006436	
1. Entity Name CATHEDRAL SQUARE-THC, INC.	
	
Principal Place of Business 8159 ARLINGTON EXPRESSWAY, SUITE 28 JACKSONVILLE, FL 32211	Mailing Address 8159 ARLINGTON EXPRESSWAY, SUITE 28 JACKSONVILLE, FL 32211



04132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3742739	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GEISLER, M. CURT 12907 DEEP LAGOON PLACE EAST JACKSONVILLE, FL 32246	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000133018 04/27/04-80071-022 61.25
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOWARD, DALE F 4619 MONUMENT POINT CIRCLE JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GEISLER, M. CURT 1290 DEEP LAGOON PLACE EAST JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAYSINGER, DAVID 11841 HIDDEN HILLS DRIVE JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUNN, MARSHALL 4414 CATHEYS CLUB LANE JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRAVIS, CHARLES T 1152 OAKRIDGE DRIVE SOUTH JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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: M. Curt 4/21/04 904-721-9908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #