2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 08, 2006 8:00 am Secretary of State

DOCUMENT # N0100006436 1. Enlity Name CATHEDRAL SQUARE-THC, INC.						02-08-2006	90004 03	34 ****61	.25	
Principal Place of Business 8159 ARLINGTON EXPRESSWAY, SUITE 28 JACKSONVILLE, FL 32211 Mailing Address 8159 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211				28	g v		SIG RSIN GENE	emi gizae inia si	INTERNATION	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122006	Chg-NP	CR2E0	37 (11/05)		
City & State		City & State			4. FEI Numbe 59-3742				oplied For	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current R	Registered Agent		-	-7. Name and	Address of New	Registered	Agent		
CEISI ED	M CUDT		Name	Do	vid F)ansin	Dec			
GEISLER, M. CURT 12907 DEEP LAGOON PLACE EAST JACKSONVILLE, FL 32246			Street A	Street Address (P.O. Box Number is Not Acceptable)						
			St City	D57	Arline	aton E	Loves		<u> </u>	
	2		1 " c	ba	Uksoni	oule	FL	- ^{zip.cod}	クロ	
8. The above the obligati	natived entity stylemits this statement for ions of telepistered agent.	the purpose of changing its r	egistered office o	r registere	ed agent, or bot	h, in the State of I	Florida. Tam	. 104	and accept	
	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE:	Registered Agent signal	ture required	when reinstating)	•	DATE			
	Signature, typed or printed name of registared agent at Filling Fee is \$61.25 Due by May 1, 2006	9. Election Carm Trust Fund	paign Financing	benlupen erui	\$5.00 May Bo Added to Fees		DATE Make chec	k payable t		
10.	Filing Fee is \$61.25	9. Election Carn Trust Fund Co	paign Financing	to c	\$5.00 May Bo		DATE Make chec orida Depa	k payable t	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report polysupplemental 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 of the previous 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 alternative with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED HAME OF BIGNING OFFICER OR DIRECTOR

2/6/06 904-721-4/99