

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-08-2006 90004 034 \*\*\*\*61.25

<b>DOCUMENT # N01000006436</b> 1. Entity Name <b>CATHEDRAL SQUARE-THC, INC.</b>					
Principal Place of Business <b>8159 ARLINGTON EXPRESSWAY, SUITE 28 JACKSONVILLE, FL 32211</b>			Mailing Address <b>8159 ARLINGTON EXPRESSWAY, SUITE 28 JACKSONVILLE, FL 32211</b>		
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 <b>59-3742739</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GEISLER, M. CURT 12907 DEEP LAGOON PLACE EAST JACKSONVILLE, FL 32246</b>			Name <b>David Paysinger</b> Street Address (P.O. Box Number is Not Acceptable) <b>8057 Arlington Expressway</b> City <b>Jacksonville</b> FL <b>32211</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>2/6/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <b>HOWARD, DALE F</b> <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>4619 MONUMENT POINT CIRCLE</b>		NAME		
STREET ADDRESS	<b>JACKSONVILLE, FL 32225</b>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D <b>PAYSINGER, DAVID</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>11841 HIDDEN HILLS DRIVE</b>		NAME		
STREET ADDRESS	<b>JACKSONVILLE, FL 32225</b>		STREET ADDRESS	<b>arlie</b>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D <b>TRAVIS, CHARLES T</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>1152 OAKRIDGE DRIVE SOUTH</b>		NAME		
STREET ADDRESS	<b>JACKSONVILLE, FL 32225</b>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Director <b>2/6/06 904-721-4199</b> <small>Date Daytime Phone #</small>		