


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90068 042 ****61.25

DOCUMENT # N01322 1. Entity Name CATHEDRAL CARAVAN, INCORPORATED			
Principal Place of Business 790 LA PLAZA AVE S ST. PETERSBURG, FL 33707 US		Mailing Address 790 LA PLAZA AVE S ST. PETERSBURG, FL 33707 US	
2. Principal Place of Business 4399 35th St N #300		3. Mailing Address PO Box 10475	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St Petersburg FL		City & State St Petersburg FL	
Zip 33714 Country USA		Zip 33733 Country USA	
6. Name and Address of Current Registered Agent VAN KOEVERING, KAYE VAN 7234 1ST AVE S ST. PETERSBURG, FL 33707		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 <u>Kaye VanKoeving</u> <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WERKHEISER, PAUL 6633 HIBISCUS AVE S SAINT PETERSBURG, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VANKOEVERING, JOEY 7234 1ST AVENUE SOUTH SAINT PETERSBURG, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 Kaye VanKoeving 3/9/06



03092006 Chg-NP CR2E037 (11/05)