

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N02033
1. Entity Name
CATHEDRAL OF FAITH CHURCH, PENSACOLA, INC.



Principal Place of Business 2525 N. DAVIS STREET PENSACOLA, FL 32503 US	Mailing Address CATHEDRAL OF FAITH CHURCH P.O. BOX 18278 PENSACOLA, FL 32523 US
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DO NOT WRITE IN THIS SPACE

(N02033=====N)

01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2330505	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

HAWTHORNE, JACK
6634 BELLEVIEW PINES RD
PENSACOLA, FL 32526

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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 _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LADD, BARBARA S 861 PETUNIA AVE PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGLISH, CLARINE K 216 W HIGHLAND DR PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING, MIRIAM M 301 E MORENO ST PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEAZANT, CLEO 2156 HILLARY LN NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWTHORNE, JACK 6634 BELLEVIEW PINES RD PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000323372
04/22/05-80050-022 61.25

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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: Cleo Prazant Prazant 04/17/05 850 939-9134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone