

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

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 ☐ **\$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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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

Signature, typed or printed name of registered agent and title if applicable.

(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 SD
NAME LADD, BARBARA S
STREET ADDRESS 861 PETUNIA AVE
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE D
NAME ENGLISH, CLARINE K
STREET ADDRESS 216 W HIGHLAND DR
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE TD
NAME KING, MIRIAM M
STREET ADDRESS 301 E MORENO ST
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE PD
NAME PEAZANT, CLEO
STREET ADDRESS 2156 HILLARY LN
CITY-ST-ZIP NAVARRE, FL 32566

TITLE D
NAME HAWTHORNE, JACK
STREET ADDRESS 6634 BELLEVIEW PINES RD
CITY-ST-ZIP PENSACOLA, FL 32526

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000323372
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 Peazant Peazant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/05
Date

850 939-9634
Daytime Phone