

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02033

FILED  
Apr 11, 2009  
Secretary of State

**Entity Name:** CATHEDRAL OF FAITH CHURCH, PENSACOLA, INC.

**Current Principal Place of Business:**

2525 N. DAVIS STREET  
PENSACOLA, FL 32503 US

**New Principal Place of Business:**

**Current Mailing Address:**

CATHEDRAL OF FAITH CHURCH  
P.O. BOX 18278  
PENSACOLA, FL 32523 US

**New Mailing Address:**

**FEI Number:** 59-2330505      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAWTHORNE, JACK  
6634 BELLEVIEW PINES RD  
PENSACOLA, FL 32526 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: AVERHART, GERALDINE  
Address: 6708 GULLEY LN  
City-St-Zip: PENSACOLA, FL 32505

Title: D ( ) Delete  
Name: ENGLISH, CLARINE K  
Address: 216 W HIGHLAND DR  
City-St-Zip: PENSACOLA, FL 32503

Title: TD ( ) Delete  
Name: KING, MIRIAM M  
Address: 301 E MORENO ST  
City-St-Zip: PENSACOLA, FL 32503

Title: PD ( ) Delete  
Name: PEAZANT, CLEO  
Address: 2156 HILLARY LN  
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete  
Name: HAWTHORNE, JACK  
Address: 6634 BELLEVIEW PINES RD  
City-St-Zip: PENSACOLA, FL 32526

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLEO PEAZANT

PD

04/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date