2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009181

DIVINE CATHEDRAL OF FAITH COR

FILED Jul 29, 2008 Secretary of State

Entity Na	me: DIVINE CATHEDRAL OF FAITH CORP.		
Current Principal Place of Business:		New Principal Place of Business:	
507 W WILBUR STREET BRANDON, FL 33510		3002 N. STAR TAMPA, FL 33604	
Current Mailing Address:		New Mailing Address:	
PO BOX 2 MANGO, I			
	r: 33-1044042	Number Not Applicable ive the prior notice.	e () Certificate of Status Desired (X)
	d Address of Current Registered Agent:	Name and Add	ress of New Registered Agent:
1721 TAR	I, DANIEL R SR AH TRACE DRIVE N, FL 33510 US		
	e named entity submits this statement for the purpose e of Florida.	se of changing its req	gistered office or registered agent, or both,
SIGNATU	RE:		
Electronic Signature of Registered Agent			Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete JACKSON, DANIEL R SR. 1721 TARAH TRACE DRIVE BRANDON, FL 33510	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP () Delete JACKSON, TRELLA 9610 N 19TH STREET TAMPA, FL 33612	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MS. () Delete CHIEF FINANCIAL OFFI, CER/KRISTINA H O DGSON 4301 GINGER COVE DRIVE TAMPA, FL 33634	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MR. () Delete FINANCIAL OFFICER/MA, TTHEW HAVILAND 2912 LONGSTREET AVE SW WYOMING, MI 49509	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	MS. () Delete	Title:	() Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: TRELLA JACKSON VP 07/29/2008

TRUSTEE/ANNETTE BAHA, M

MIAMI GARDENS, FL 33054

3031 NW 165TH STREET

Name:

Address: City-St-Zip: