

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011355

FILED
Apr 30, 2006
Secretary of State

Entity Name: CATHEDRAL COALITION OF MINISTRIES, INC.

Current Principal Place of Business:

278 N.E. 35TH COURT
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

278 N.E. 35TH COURT
OAKLAND PARK, FL 33334

New Mailing Address:

FEI Number: 65-1087026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBSON, BARBARA DR.
278 N.E. 35TH COURT
OAKLAND PARK, FL 33334 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: P () Delete
Name: FRANCIS, BETTY BISHOP
Address: 278 N.E. 35TH COURT
City-St-Zip: OAKLAND PARK, FL 33334

Title: T () Delete
Name: GIBSON, BARBARA DR.
Address: 278 N.E. 35TH COURT
City-St-Zip: OAKLAND PARK, FL 33334

Title: S () Delete
Name: WILLIAMS, HATTIE REV.
Address: 278 N.E. 35TH COURT
City-St-Zip: OAKLAND PARK, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: FRANCIS, BETTY BISHOP
Address: 278 N.E. 35TH COURT
City-St-Zip: OAKLAND PARK, FL 33334

Title: T/D (X) Change () Addition
Name: GIBSON, BARBARA DR.
Address: 278 N.E. 35TH COURT
City-St-Zip: OAKLAND PARK, FL 33334

Title: S/D (X) Change () Addition
Name: WILLIAMS, HATTIE REV.
Address: 278 N.E. 35TH COURT
City-St-Zip: OAKLAND PARK, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. BARBARA GIBSON

T/D

04/30/2006

Electronic Signature of Signing Officer or Director

Date