FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:52

DOCUMENT # **N15350** **(4)**

1. Corporation Name
CHRIST'S CATHEDRAL MINISTRIES, INC.

Principal Place of Business	Mailing Address
9215 DAVIS RD. P.O. BOX 291086 TEMPLE TERRACE FL 33687-2014	9215 DAVIS RD. P.O. BOX 291086 TEMPLE TERRACE FL 33687-2014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/12/1986
3a. Date of Last Report: 05/23/1994
4. FEI Number: 59-2729657 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 11783 Raintree Drive	26 P.O. Box 291086
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Temple Terrace Fl	28 Temple Terrace Fl
24 Zip 33617 / 25 Country Hillsborough	29 Zip 33687-1086 / 30 Country Hillsborough

9. Name and Address of Current Registered Agent

THOMPSON, JOHN R.
11783 RAINTREE DR.
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	11 TITLE	Director	☐ Change ☒ Addition
NAME	ADAMS, JIMMY D.	12 NAME	Morris, Glenn	
STREET ADDRESS	P.O. BOX 29 N/A	13 STREET ADDRESS	1640 Country Wood Dr.	
CITY-ST-ZIP	ZANESVILLE OH	14 CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE	PD	21 TITLE	Director	☐ Change ☒ Addition
NAME	THOMPSON, JOHN R.	22 NAME	Crawford, Tony	
STREET ADDRESS	11783 RAINTREE DR.	23 STREET ADDRESS	2629 Raven Trail	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	Marietta, GA 30066	
TITLE	STD	31 TITLE	Director	☐ Change ☒ Addition
NAME	THOMPSON, SUSAN K.	32 NAME	Crawford, Julie	
STREET ADDRESS	11783 RAINTREE DR.	33 STREET ADDRESS	2629 Raven Trail	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	Marietta GA 30066	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John R. Thompson, President 4/10/95 813/988-3557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004340