

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17406** (2)  
1. Corporation Name  
**CATHEDRAL CHURCH OF GOD, INC.**



Principal Place of Business <b>365 S.DIXIE HWY. P.O.BOX 8501 DEERFIELD BEACH FL 33441</b>	Mailing Address <b>365 S.DIXIE HWY. P.O.BOX 8501 DEERFIELD BEACH FL 33441</b>
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3. Date incorporated or Qualified <b>10/20/1986</b>	Applied For Not Applicable
4. FEI Number <b>65-0062358</b>	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State <b>23</b>	27 City & State <b>28</b>
24 Zip <b>25</b>	29 Country <b>30</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>STUBBS, CARROLL B.,JR. 800 S.W. 14TH CT. DEERFIELD BEACH FL 33441</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>STUBBS, JAMES</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1006 CONGRESSIONAL WAY</b>	1.2 NAME	
STREET ADDRESS	<b>DEERFIELD BCH FL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<b>RAMSEY, JONATHAN, JR.</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>600 NW 48TH AVE</b>	2.2 NAME	
STREET ADDRESS	<b>PLANTATION FL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>JONES, PRINCE</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>357 S.W. 1ST TERR.</b>	3.2 NAME	
STREET ADDRESS	<b>DEERFIELD BCH FL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <b>CD</b>	<b>STUBBS, CARROL B.</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>600 S.W. 14TH CT.</b>	4.2 NAME	<b>STUBBS, CARROL B.</b>
STREET ADDRESS	<b>DEERFIELD BCH FL</b>	4.3 STREET ADDRESS	<b>600 S.W. 14th. CT.</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>DEERFIELD BEACH FL.</b>
TITLE <b>D</b>	<b>MILLER, BENJAMIN</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>550 NW 21ST CT</b>	5.2 NAME	<b>MILLER, BENJAMIN</b>
STREET ADDRESS	<b>POMPANO BEACH FL</b>	5.3 STREET ADDRESS	<b>550 NW 21st. CT.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>POMPANO BEACH FL.</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Carroll B. Stubbs, Jr.* **Carroll B. Stubbs, Jr.** 31, Mar. 98 (954) 427-0302

CR2E037 (10/97)