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**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90124 022 \*\*\*\*70.00

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N17406**

1. Corporation Name  
**CATHEDRAL CHURCH OF GOD, INC.**

Principal Place of Business  
 365 S.DIXIE HWY.  
 P.O.BOX 8501  
 DEERFIELD BEACH FL 33441

Mailing Address  
 365 S.DIXIE HWY.  
 P.O.BOX 8501  
 DEERFIELD BEACH FL 33441



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/20/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0062358	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STUBBS, CARROLL B.,JR. 600 S.W. 14TH CT. DEERFIELD BEACH FL 33441				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STUBBS, JAMES		1.2 NAME		
STREET ADDRESS	1006 CONGRESSIONAL WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL		1.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAMSEY, JONATHAN, JR.		2.2 NAME		
STREET ADDRESS	600 NW 46TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, PRINCE		3.2 NAME		
STREET ADDRESS	357 S.W. 1ST TERR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL		3.4 CITY-ST-ZIP		
TITLE	TSD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STUBBS, CARROL B		4.2 NAME		
STREET ADDRESS	600 SW 14TH CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL		4.4 CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, BENJAMIN		5.2 NAME		
STREET ADDRESS	550 NW 21ST CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL		5.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE: *Carroll B. Stubbs, Jr.* **Carroll B. Stubbs, Jr.** 24, Apr 99 954-427-0302  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (11/98)