

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90322 025 ****70.00

DOCUMENT # N17406
 1. Entity Name
CATHEDRAL CHURCH OF GOD, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0062358** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STUBBS, CARROLL B.,JR.
600 S.W. 14TH CT.
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STUBBS, JAMES	
STREET ADDRESS	1006 CONGRESSIONAL WAY	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, PRINCE	
STREET ADDRESS	357 S.W. 1ST TERR.	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	TSDC	<input type="checkbox"/> Delete
NAME	STUBBS, CARROL B	
STREET ADDRESS	600 SW 14TH CT	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MILLER, BENJAMIN	
STREET ADDRESS	550 NW 21ST CT	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PELT, ANTHONY T	
STREET ADDRESS	3840 LYONS ROAD APT #107	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carroll B. Stubbs Jr.* **Carroll B. Stubbs Jr. Clerk** **26, Apr 02 954-427-0302**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)