


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90226 039 ****70.00

DOCUMENT # N17406

1. Entity Name
CATHEDRAL CHURCH OF GOD, INC.



Principal Place of Business Mailing Address

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

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P.O.BOX 8501
DEERFIELD BEACH FL 33441**

Z0033462



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida 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 checked="" 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Peart	
STREET ADDRESS	5024 Chardonway Dr.	
CITY-ST-ZIP	Coral Springs, Fl. 33067	
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.* **RCARROLLB STUBBS, JR.** 21 Apr 03 954-427-0302

CR2E037 (10/02)