2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Jun 23, 2005 8:00 am **Secretary of State** DOCUMENT # N26028 1. Entity Name 05-04-2005 90137 036 \*\*\*\*70.00 FAITH: CATHEDRAL CHRISTIAN CENTER INTERNATIONAL, INC. Principal Place of Business Mailing Address 8835 64 AVE WABASSO FL 32967 P O BOX 1122 FELLSMERE FL 32948 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) DE 764 Applied For City & State City & State 4. FEI Number Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCOMBS, KENNETH 1229 SCHUMANN DR Street Address (P.O. Box Number is Not Acceptable) SEBASTIAN FL 32958 City 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 Signature, typed or printed name of regretated agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 \$5.00 May Be 9. Election Campaign Financing Make Check Payable to Due By May 1, 2005 П Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITE F Delete TITLE ☐ Change Addition MCCOMBS, KENNETH NAME 1229 SCHUMANN DR. STREET ADDRESS STREET ADDRESS SEBASTIAN FL 32958 CITY-ST-ZIP CITY-ST-ZIP CPD TITLE Delete DITE ☐ Change ☐ Addition MCCOMBS, LE DORA NAME NAME 1229 SCHUMANN DR STREET ABORESS STREET ADDRESS SEBASTIAN FL 32958 CITY-ST-ZIP CITY-ST-ZIP TiTl 6 Delete TITLE ☐ Change Addition MCCOMBS, SHAMEKA NAME NAME 1229 SCHUMANN DR. STREET ADORESS STREET ADDRESS SEBASTIAN FL 32958 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCCOMBS, KENYATTA NAME NAME 1229 SCHUMANN DR STREET ADDRESS STREET ADDRESS SEBASTIAN FL 32958 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition MCCOMBS, KENYATTA NAME NAME 1229 SCHUMANN DR. STREET ADDRESS STREET ADDRESS SEBASTIAN FL 32958 CHY ST-70 City-SI-7IP Dicector TITLE Delete TITLE Change **X** Addition Allen Kim 4730 yoth Ave #38 NAME NAME STREET ADDRESS STREET ADDRESS 2 Interest 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 eath; 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.

FILED

Daytone Phone #