

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35576

FILED
Feb 12, 2008
Secretary of State

Entity Name: ADVENT CHRISTIAN CATHEDRAL INC.

Current Principal Place of Business:

725 N. 64TH AVENUE
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 277988
MIRAMAR, FL 33027 US

New Mailing Address:

FEI Number: 65-0151012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODE, FRANCIS
2054 SW 149TH AVENUE
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

GOODE, FRANCIS PASTOR
2054 SW 149TH AVENUE
MIRAMAR, FL 33027 US

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: GOODE, FRANCIS

02/12/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOODE, FRANCIS
Address: 2054 SW 149TH AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: T () Delete
Name: DADA, JOSHUA
Address: 3360 IVY WAY
City-St-Zip: MIRAMAR, FL 33025

Title: T () Delete
Name: THOMAS, BERNITTA
Address: 5290 N. W. 192ND LANE
City-St-Zip: MIAMI, FL 33055

Title: S () Delete
Name: WHYTE, CLOVER
Address: 8638 N. SUTTON DRIVE
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GOODE, FRANCIS DIRECTO
Address: 2054 SW 149TH AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: T (X) Change () Addition
Name: DADA, JOSHUA OFFICER
Address: 3360 IVY WAY
City-St-Zip: MIRAMAR, FL 33025

Title: T (X) Change () Addition
Name: THOMAS, BERNITTA OFFICER
Address: 5290 N. W. 192ND LANE
City-St-Zip: MIAMI, FL 33055

Title: S (X) Change () Addition
Name: WHYTE, CLOVER OFFICER
Address: 8638 N. SUTTON DRIVE
City-St-Zip: MIRAMAR, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GOODE, FRANCIS

DIR

02/12/2008

Electronic Signature of Signing Officer or Director

Date