

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006127

FILED
May 21, 2007
Secretary of State

Entity Name: KATHEDRAL COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

6304 NORTH 30TH STREET
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

6304 NORTH 30TH STREET
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3294996 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KENNER, TOMMY
6304 N 30TH ST
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NONETTE-HOWELL, MARZETTA
Address: 110 BARRINGTON DR
City-St-Zip: BRANDON, FL

Title: VD () Delete
Name: AMMONS, HENRY
Address: 11098 BESSIE DIX RD
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: RUTLEDGE, KENNETH
Address: 4129 E LINEBAUGH AVE APT # 911
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: RENAYE, HOWELL
Address: 13612 S VILLAGE DR APT 107
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARZETTA NONETTE-HOWELL

P

05/21/2007

Electronic Signature of Signing Officer or Director

Date