

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000000569 (2)**

1. Corporation Name

**CATHEDRAL OF FAITH WORSHIP CENTER OF THE PALM BEACHES, INC.**



Principal Place of Business

**158 HERITAGE WAY  
WEST PALM BEACH FL 33407**

Mailing Address

**158 HERITAGE WAY  
WEST PALM BEACH FL 33407**

3. Date Incorporated or Qualified  
**02/06/1995**

3a. Date of Last Report  
**01/19/95**

2. Principal Place of Business

**21 420 Northwood Road**

Suite, Apt. #, etc.

**22**

City & State

**23 West Palm Beach, FL**

Zip

**24 33407**

Country

**25 Palm Beach**

2a. Mailing Address

**26 158 Heritage Way**

Suite, Apt. #, etc.

**27**

City & State

**28 West Palm Beach, FL**

Zip

**29 33407**

Country

**30 Palm Beach**

4. FEI Number  
**65-0551523**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ANDERSON, RUBIN L. SR.  
158 HERITAGE WAY  
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City** **FL** **85 Zip Code**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Rubin L. Anderson, Sr.*

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reconstituting)

**01/17/96**

Date

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDERSON, RUBIN L. SR.</b>	
STREET ADDRESS	<b>158 HERITAGE WAY</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33407</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Sharon Anderson</b>	
13 STREET ADDRESS	<b>158 Heritage Way</b>	
14 CITY-ST-ZIP	<b>West Palm Beach, FL 33407</b>	
21 TITLE	<b>D/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>Shree Dixon</b>	
23 STREET ADDRESS	<b>1156 W. 26th Street</b>	
24 CITY-ST-ZIP	<b>Riviera Beach, FL 33404</b>	
31 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>Anita Lowe</b>	
33 STREET ADDRESS	<b>4697 Gulfstream Road</b>	
34 CITY-ST-ZIP	<b>Lake Worth, FL 33461</b>	
41 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>Tongashike Bedford</b>	
43 STREET ADDRESS	<b>525 Old Dixie Hwy, Apt 2</b>	
44 CITY-ST-ZIP	<b>Riviera Beach, FL 33404</b>	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Rubin L. Anderson, Sr.* **Rubin L. Anderson, Sr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

**686-6679**

Daytime Phone #

CR2E037 (12/95)