


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003241 (5)**

1. Corporation Name

THE HOLY UNION CATHEDRAL OF FAITH, INC.



Principal Place of Business 22612 N. E. 2ND STREET LAWTEY FL 32058	Mailing Address POST OFFICE BOX 1450 GREEN COVE SPRINGS FL 32043-1450
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3. Date Incorporated or Qualified 07/10/1995	3a. Date of Last Report 07/03/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-3449992 APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent COOKS, LOIS EVANG. 4083 PIER STATION ROAD, EAST GREEN COVE SPRINGS FL 32043	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D COOKS, LOIS EVANG.
STREET ADDRESS	4083 PIER STATION ROAD, EAST
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043
TITLE	<input checked="" type="checkbox"/> DELETE <i>death</i>
NAME	T DAWSON, ARDELENE
STREET ADDRESS	4083 PIER STATION RD E
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043
TITLE	<input checked="" type="checkbox"/> DELETE <i>death</i>
NAME	T TROUTMAN, ARCEE
STREET ADDRESS	4085 PIER STATION RD E
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043
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	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TRUSTEE LINDA THORNTON
1.3 STREET ADDRESS	P.O. Box 1450 N/A
1.4 CITY-ST-ZIP	GREEN COVE SPGS. FL 32043
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TRUSTEE ABRAHAM COOKS
2.3 STREET ADDRESS	P.O. Box 1450 N/A
2.4 CITY-ST-ZIP	GREEN COVE SPGS FL 32043
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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.

CR2E037 (9/96)