FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



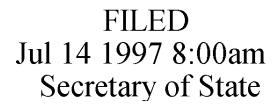
FLORIDA DEPARTMENT OF STATE

Sandra B. Morthâm

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500003241 (5)

THE HOLY UNION CATHEDRAL OF FAITH, INC.





Principal Place of Business Mailing Address) (691/19) 212 (612) 21111 38111 48111 48111 48111 48111 48111 48111 48111		
22612 N. E. 2ND STREET LAWTEY FL 32058				POST OFFICE BOX 1450 GREEN COVE SPRINGS FL 32043-1450					
								3. Date Incorporated or Qualified 3a. Date of Last Report 07/10/1995	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number 3449999 Applied For	
21				26				APPLIEU FUR Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22				City P. State				Fee Required	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Zip Country		28]	Zip Cou				8. This corporation has liability for intangible tax under s. 199.032,	
24	2	25 29 30				Florida Statutes Yes No			
24	9. Name and Address of Current F						 	10. Name and Address of New Registered Agent	
						81	Name	e	
COOKS	LOIS EVANO	3				82	- CA	Add	
4083 PIER STATION ROAD, EAST							Street	et Address (P.O. Box Number is Not Acceptable)	
		GS FL 32043				83			
-				•			011.	ar 2'n Codo	
						84	City	FL 85 Zip Code	
11. Pursuant i	to the provision	ns of Sections 617.050	2 and 61	17.1508, Florida Statut	les, the a	bove	-named	ed corporation submits this statement for the purpose of changing its registered	
office or re	egistered ager m lamiliar with	nt, or both, in the State and accept the obliga	of Floridations of	ta. Such change was Section 617.0503. Fi	authorize orida Sta	ed by itutes	the cor	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	111 196111111164 1111111	, and accept the congr	4110710 01	, 000,10.1.07, 10000, 1.	V., D.G. D.G.				
SIGNATURE _	Signature, typed or	printed name of registered age	nt and title	il applicable (NO)	TE: Registere	d Age	ent signature	ure required when reinstating) DATE	
12.		OFFICERS AN	D DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D STAND			DELETE 1,				trustee Change Waddition	
NAME		OIS EVANG.			1.2 N	AME		LINAH THOYNTON	
STREET ADDRESS		R STATION ROAD, E			1.3 9	TREET	ADDRESS	s P.O. BOX 1450 N/A	
CITY-ST-ZIP	GREEN C	OVE SPRINGS FL 3	2043			ITY-S	T - ZIP	Green love Spys. 7/14 32043	
TITLE	I			DELETE		2.1 TITLE		Trustee DAddition	
NAMÉ		ARDELENE		1000	2.21	IAME		Abriam Cooks Bu. Box 1450 N/A Green Cove Spg57/19 32043	
STREET ADDRESS		R STATION RD E	00.40	000			ADDRESS	S 10.100x 1450 NIH	
CITY-ST-ZIP	GREEN C	OVE SPRINGS FL 3	2043	S prierie			S1 - ZIP	Green Cove Spg 57419 32043	
TITLE	1 TD01 (TD44	ADOFF		DELETE	3.1 T			Change	
NAME		N, ARCEE		death	3.2 6				
STREET ADDRESS	ADEEN AGUE ADDINGA EL 66			w			ADDRESS	S	
CITY-ST-ZIP	1-ZIP GREEN COVE SENINGS PL 32043			☐ DELETE			ST-ZIP	☐ Change ☐ Addition	
TITLE				☐ DECEIE	4.1 1			C cuands T vocilies	
NAME					1	NAME	IBBOSAS		
STREET ADDRESS							ADDRESS	8	
CITY-ST-ZIP				DELETE		ITY-S	i - ZIP	Change Addition	
TITLE				L DELETE	5.1 T			Li Change Li Addition	
NAME					5.21		ADDECCO		
STREET ADDRESS							ADDRESS	8	
CITY-ST-ZIP				DELETE	_	TIY-S	I - Z(P	Change Addition	
TITLE				☐ DELETE	6.17			Change Addition	
NAME		·				IAME	IDDDCCC		
STREET ADDRESS							ADDRESS	5	
CITY-ST-ZIP			al	in filing along out avail			T-ZIP	a stated in Coation 110 07/(9/i) Florida Clatuton I further portify that the	

I. I do hereby certify that the information supplied with this fitting 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 of Block 13 if changed by on an attachment with an address.

CR2E037 (9/96