

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90005 039 ****61.25

DOCUMENT # N95000003241

Corporation Name

THE HOLY UNION CATHEDRAL OF FAITH, INC.

Principal Place of Business

2612 N. E. 2ND STREET
DAWNEY FL 32058

Mailing Address

POST OFFICE BOX 1450
GREEN COVE SPRINGS FL 32043



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
		26 1805 Mayhew St		07/10/1995	
Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
				59-3449992	
City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		Tallahassee Fla.			
Zip		29 Zip		6. Election Campaign Financing	
25		32304		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		30 Country			
		US			

9. Name and Address of Current Registered Agent

COOKS, LOIS EVANG.
4083 PIER STATION ROAD, EAST
GREEN COVE SPRINGS FL 32043

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

I, 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.

GNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	D COOKS, LOIS EVANG. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	4083 PIER STATION ROAD, EAST	1.2 NAME	
REET ADDRESS	GREEN COVE SPRINGS FL 32043	1.3 STREET ADDRESS	
Y-ST-ZIP		1.4 CITY-ST-ZIP	
LE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	THORNTON, LINDA	2.2 NAME	
REET ADDRESS	P O BOX 1450 N/A	2.3 STREET ADDRESS	
Y-ST-ZIP	GREEN COVE SPRINGS FL	2.4 CITY-ST-ZIP	
LE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	COOKS, ABRAM	3.2 NAME	
REET ADDRESS	P O BOX 1450 N/A	3.3 STREET ADDRESS	
Y-ST-ZIP	GREEN COVE SPRINGS FL	3.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

I, I 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, with all other like empowered.

SIGNATURE: *Lois Cooks* 8-31-99 850 574-4394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)