2001 UNIFORM BUSINESS REPORT (UBR) May 04, 2001 8:00 am Secretary of State DOCUMENT # N9500003241 1. Entity Name THE HOLY UNION CATHEDRAL OF FAITH, INC. 05-04-2001 90087 044 ****61.25 Principal Place of Business Mailing Address 22612 N. E. 2ND STREET 1805 MAYHEW ST. LAWTEY FL 32058 TALLAHASSEE FL 32304 C0060816 2. Principal Place of Business 3. Mailing Addre Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3449992 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOKS, LOIS EVANG. 4083 PIER STATION ROAD, EAST **GREEN COVE SPRINGS FL 32043** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Fiorida DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE TITLE □ Detete COOKS, LOIS EVANG. NAME NAME STREET ADDRES STREET ADDRESS 4083 PIER STATION ROAD, EAST CITY-ST-ZIP CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043** Detete TITLE TITLE THORNTON, LINDA NAME NAME STREET ADDRESS P O BOX 1450 N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREEN COVE SPRINGS FL** Addition TITLE ☐ Delete TITI F COOKS, ABRAM NAME NAME STREET ADDRESS STREET ADDRESS P O BOX 1450 N/A CITY-ST-ZIP... CITY-ST-7IP GREEN COVE SPRINGS FL TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-7IP TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attack might with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01 904-529-9393