

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90161 011 \*\*\*\*70.00

**DOCUMENT # N95000003241**

1. Entity Name

**THE HOLY UNION CATHEDRAL OF FAITH, INC.**

Principal Place of Business

22612 N. E. 2ND STREET  
 LAWTEY FL 32058

Mailing Address

PO BOX 1352  
 GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

3. Mailing Address

*1602 Indiana St.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Tallahassee, Fla.*

4. FEI Number

**59-3449992**

Applied For

Not Applicable

Zip

Country

Zip

Country

*32304*

*US*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**COOKS, LOIS EVANG.**  
 2895 SR 16 W  
 GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

Name *Pastor Lois Cooks*  
 Street Address *1602 Indiana St.*  
*Tallahassee, Fla.*  
 City *Tallahassee, Fla.*

FL

Zip Code *32304*

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 Florida.

SIGNATURE

*Pastor Lois Cooks / Lois Cooks*

*1/30/02*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COOKS, LOIS EVANG.</b> <b>2895 SR 16 W</b> <b>GREEN COVE SPRINGS FL 32043</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>THORNTON, LINDA</b> <b>PO BOX 1352</b> <b>GREEN COVE SPRINGS FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>COOKS, ABRAM</b> <b>PO BOX 1352</b> <b>GREEN COVE SPRINGS FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>COOKS, SOPHIA</b> <b>PO BOX 1352</b> <b>GREEN COVE SPRINGS FL 32043</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pastor Lois Cooks</i> <i>1602 Indiana St.</i> <i>Tallahassee, Fla. 32304</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Linda Thornton</i> <i>1602 Indiana St.</i> <i>Tallahassee, Fla. 32304</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Abram Cooks</i> <i>4035 Pier Station Rd E</i> <i>Green Cove Spgs, Fla. 32043</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Sophia Cooks</i> <i>1602 Indiana St.</i> <i>Tallahassee, Fla. 32304</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address, with all other like empowered.

SIGNATURE

*Pastor Lois Cooks / Pastor Lois Cooks*

*1/30/02*

*850-2724910*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)