

2003 **NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


04-11-2003 90159 035 \*\*\*\*\*61.00  
N95000003241

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR 17 AM 8:56

DOCUMENT # N95000003241

1. Entity Name  
THE HOLY UNION CATHEDRAL  
OF FAITH, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
22612 NE 2nd St

Suite, Apt. #, etc.  
808 Shannon St

City & State  
Tallahassee, Fla

Zip  
32305

Country  
US

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Pastor Lois Cooks

Street Address (P.O. Box Number is Not Acceptable)  
808 Shannon St.

City Tallahassee, Fla FL Zip Code 32305

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Lois Cooks Pastor/Founder

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE: \$61.25  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Lois Cooks (Pastor) - Founder</u> <u>808 Shannon St</u> <u>Tallahassee, Fl. 32305</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Sinda Thornight (Trustee)</u> <u>808 Shannon St</u> <u>Tallahassee, Fl. 32305</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Daphnia Cooks (Trustee)</u> <u>808 Shannon St</u> <u>Tallahassee, Fl. 32305</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE Pastor Lois Cooks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/03 850 222-4910

Date Daytime Phone #

CR2E037B (12/02)