

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90060 034 ****70.00

DOCUMENT # N96000001212

1. Entity Name

**CATHEDRAL OF THE HOLY SPIRIT AT THE LIGHTHOUSE O
 F FAITH CHRISTIAN CENTER, INC.**

Principal Place of Business

Mailing Address

**755 LOVEJOY ROAD NW
 FORT WALTON BEACH FL 32548**

**P.O. BOX 193
 MARY ESTHER FL 32569**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3383791

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, STANLEY D
 184 BAGGETT PLACE
 FORT WALTON BEACH FL 32548**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NQW: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
 NAME **WILLIAMS, STANLEY D**
 STREET ADDRESS **184 BAGGETT PLACE**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE ☐ Change ☒ Addition
 NAME **Assistant Secretary**
 STREET ADDRESS **Williams, David F.**
 CITY-ST-ZIP **19 McMillan Street**
Hurlburt Field AFB, FL 32544.

TITLE **DV** ☐ Delete
 NAME **WILLIAMS, BETHINA Q.**
 STREET ADDRESS **184 BAGGETT PLACE**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE ☐ Change ☒ Addition
 NAME **Williams, Ray Sr. B.W. (DU)**
 STREET ADDRESS **424 Village Lane**
 CITY-ST-ZIP **Fort Walton Beach, FL 32547**

TITLE **STD** ☐ Delete
 NAME **CLARK, SHAWNER**
 STREET ADDRESS **3665 BURTON CIRCLE**
 CITY-ST-ZIP **NAVARRE FL 32566**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 attachment with an address, with all other like empowered.

SIGNATURE

Bethina Q. Williams **Bethina Q. Williams**

Date

1/24/02 (850) 244-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0004024

CR2E037 (9/01)