

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 20, 2004 8:00 am**  
**Secretary of State**

09-20-2004 90004 006 \*\*\*\*61.25

**DOCUMENT # N97000004108**

1. Entity Name

**CATHEDRAL OF PRAYER FAMILY WORSHIP CENTER, INC.**



Principal Place of Business

3329 N PEARL STREET  
 JACKSONVILLE FL 32206

Mailing Address

1601 N PEARL STREET  
 JACKSONVILLE FL 32206

09070200



MOORE CR2E037 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3496587

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WALKER, RONALD E**  
 1601 N. PEARL STREET  
 JACKSONVILLE FL 32206

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

SIGNATURE

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**  
**Due By September 8, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	WALKER, RONALD E SR	
STREET ADDRESS	1601 N. PEARL STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	VT	<input type="checkbox"/> Delete
NAME	WALKER, VALENA E	
STREET ADDRESS	1601 N. PEARL STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	S	<input type="checkbox"/> Delete
NAME	BAILEY, ELVENER L	
STREET ADDRESS	1282 WEST 29TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	T	<input type="checkbox"/> Delete
NAME	MALONE, RODNEY	
STREET ADDRESS	2616 WALNUT ST	
CITY-ST-ZIP	JAX FL 32206	
TITLE	I	<input type="checkbox"/> Delete
NAME	MALONE, PATRICIA	
STREET ADDRESS	2616 WALNUT ST	
CITY-ST-ZIP	JAX FL 32206	
TITLE	I	<input type="checkbox"/> Delete
NAME	BAILEY JR, DEXTER	
STREET ADDRESS	1282 W 29TH ST	
CITY-ST-ZIP	JAX FL 32209	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ronald Walker*

Date

Daytime Phone #

9/1/04 904 356-5011