

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005725

FILED
May 18, 2007
Secretary of State

Entity Name: THE CATHEDRAL OF PRAISE, INC.

Current Principal Place of Business:

17409 S. DIXIE HWY
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 570303
MIAMI, FL 33257

New Mailing Address:

FEI Number: 65-0788558 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DAWSON, MELVIN C JR
24251 S.W. 107TH AVENUE
HOMESTEAD, FL 33032 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAWSON, MELVIN
Address: 24251 S.W. 107TH AVENUE
City-St-Zip: HOMESTEAD, FL 33032

Title: D () Delete
Name: WILLIAMS, LYNDON
Address: 725 N.W. 12TH ST
City-St-Zip: FLORIDA CITY, FL 33034

Title: D () Delete
Name: SMITH, GEORGETTE
Address: 16510 SW 107TH AVE
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: FAIN, SIMON JR.
Address: 14850 ROBINSON STREET
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGETTE SMITH

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05/18/2007

Electronic Signature of Signing Officer or Director

Date