## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000000834

FILED Jul 09, 2008 Secretary of State

Entity Name: CHRISTIAN CATHEDRAL OF THE APOSTOLIC FAITH, CORPORATION

| Jurrent F   | Principal Place of Business:  | New Principal Place of Business:   |
|---|---|--|
| 16140 NE<br>N. MIAMI  | . 18 AVE<br>BEACH, FL 33161   | 1441 NW 196TH ST.<br>MIAMI GARDENS, FL 33169   |
| Current N   | Nailing Address:  | New Mailing Address:   |
| I441 NW<br>MAMI, FL   |   | 1441 NW 196TH ST.<br>MIAMI GARDENS, FL 33169 US  |
|   | r: 65-0795507 FEI Number Applied For ( ) nce with s. 607.193(2)(b), F.S., the corporation did   | FEI Number Not Applicable ( ) Certificate of Status Desired ( ) not receive the prior notice.  |
| Name and  | d Address of Current Registered Agent:  | Name and Address of New Registered Agent:  |
| MINUS-JO<br>1441 NW<br>MIAMI, FL                                |   | MINUS-JONES, ALTHEA<br>1441 NW 196TH ST.<br>MIAMI GARDENS, FL 33169 US   |
|   | e named entity submits this statement for the<br>se of Florida.   | e purpose of changing its registered office or registered agent, or bot  |
| n ine Stat  | e oi Fiorida.   |  |
| n tne Stat<br>SIGNATU   |   | 07/09/2008   |
|   |   |  |
| SIGNATU   | RE:   |  |
| SIGNATU   | RE:Electronic Signature of Registered A   | Agent Date   |
| DFFICER Title: Name: Nddress:                                   | Electronic Signature of Registered A S AND DIRECTORS:  DP () Delete MINUS-JONES, ALTHEA 1441 NW 196TH ST.   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition Name: Address:  |
| DFFICER  itle: lame: kddress: city-St-Zip: itle: lame: kddress: | Electronic Signature of Registered A  S AND DIRECTORS:  DP ( ) Delete MINUS-JONES, ALTHEA 1441 NW 196TH ST. MIAMI, FL 33169  DVP ( ) Delete MINUS, CHARLES A III 2248 SW 81ST AVE | ADDITIONS/CHANGES TO OFFICERS AND DIRECT  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: DVP (X) Change ( ) Addition  Name: MINUS, CHARLES A III Address: 1441 NW 196TH ST. |

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: ALTHEA MINUS-JONES DP 07/09/2008