

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90026 012 \*\*\*\*70.00

<b>DOCUMENT # N98000001035</b>					
<b>1. Entity Name</b> CATHEDRAL OF THE MESSIAH WORSHIP CENTER, INC.					
<b>Principal Place of Business</b> 1381 N. PALM AVE. PEBROKE PINES, FL 33026			<b>Mailing Address</b> 1381 N. PALM AVE. PEBROKE PINES, FL 33026		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03262008    Chg-NP    CR2E037 (12/06)	
Zip		Country		<b>4. FEI Number</b> 65-0818050	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SILVERA, FAYE M 3335 SW 181ST TERR. MIRAMAR, FL 33029			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1381 N Palm Avenue City    Zip Code Pembroke Pines    FL    33026		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> SILVERA, FAYE M <b>STREET ADDRESS</b> 3335 SW 181ST TERR. <b>CITY-ST-ZIP</b> MIRAMAR, FL 33029	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> SILVERA, FAYE M. <b>STREET ADDRESS</b> 1381 N Palm Avenue <b>CITY-ST-ZIP</b> Pembroke Pines, FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> WILLIAMS, HENRY <b>STREET ADDRESS</b> 6248 SW 20TH ST. <b>CITY-ST-ZIP</b> MIRAMAR, FL 33023	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> WILLIAMS, HENRY <b>STREET ADDRESS</b> 1381 N Palm Avenue <b>CITY-ST-ZIP</b> Pembroke Pines, FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> ST <b>NAME</b> HARRIS, WINDY <b>STREET ADDRESS</b> 2593 NW 49TH AVENUE #206 <b>CITY-ST-ZIP</b> LAUDERDALE LAKES, FL 33313	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> ST <b>NAME</b> HARRIS, WINDY <b>STREET ADDRESS</b> 1381 N Palm Avenue <b>CITY-ST-ZIP</b> Pembroke Pines, FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> MARTIN MAYRA <b>STREET ADDRESS</b> 1381 N Palm Avenue <b>CITY-ST-ZIP</b> Pembroke Pines, FL 33026	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Johnston, Keith <b>STREET ADDRESS</b> 1381 N Palm Avenue <b>CITY-ST-ZIP</b> Pembroke Pines, FL 33026	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			FAYE M. SILVERA    4/10/08    (954) 443-3024 <small>Date    Daytime Phone #</small>		