2001 UNIFORM BUSINESS REPORT (UBR) **FILED** May 04, 2001 8:00 am Secretary of State DOCUMENT # N9900006982 1. Entity Name CATHEDRAL OF FAITH ORLANDO, INC. 05-04-2001 90108 040 ****61.25 Principal Place of Business Mailing Address 195 S WESTMONTE SUITE D 195 S WESTMONTE SUITE D 100004 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address 4420 Edgewater Dr. P. O. Box 605000 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3618321 Orlando, FL Orlando, Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32804 USA 32860-5000 USA 6. Name and Address of Current Registered Agent --7. Name and Address of New Registered Agent George Hodges, EA Street Address (P.O. Box Number is Not Acceptable) HOOPER, CLIFFORD E 585 South CR 427 195 S WESTMONTE SUITE D Suite 121 ALTAMONTE SPRINGS FL 32714 Zip Code Longwood 32750 8. The above named entity symmits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. George Hodges EA 4/26/01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FILE NOW:** Added to Fees Department of State Trust Fund Contribution. FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change ☐ Delete TITLE TITLE GAMMONS, PETER NAME NAME 195 S WESTMONTE DR. STE C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714** DST XX Addition XX Delete ☐ Change DST TITLE TITLE Earl Green HOOPER, CLIFFORD E NAME STREET ADDRESS 195 S WESTMONTE DR, STE C 9025 Ron Den Lane STREET ADDRESS CITY-ST-ZIP ---CITY-ST-ZIP" ALTAMONTE SPRINGS FL 32714 Windermere, FL -34786 Change **X**Addition XX Delete TITLE TITLE WILLIAMS, GRAHAM Kenneth R. Carris NAME STREET ADDRESS 195 S WESTMONTE DR, STE C STREET ADDRESS 524 Carnation Dr. CITY-ST-ZIP Winter Park, FL CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I hereby certify that the profrmation 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 of supplier ental leport 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 of the required from trustile empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information changed, or on an a , with all other like empowered.

Peter Gammons

SIGNATURE

4/26/01

407-292-8081