

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006982

Entity Name: CATHEDRAL OF FAITH ORLANDO, INC.

FILED  
May 03, 2004  
Secretary of State

**Current Principal Place of Business:**

4114 S GOLDENROD  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 605000  
ORLANDO, FL 328605000

**New Mailing Address:**

FEI Number: 59-3618321

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HODGES, GEORGE EA  
585 SOUTH CR 427  
121  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

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: DP ( ) Delete  
Name: GAMMONS, PETER  
Address: 195 S WESTMONTE DR, STE C  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DST ( ) Delete  
Name: GREEN, EARL  
Address: 9025 RON DEN LANE  
City-St-Zip: WINDERMERE, FL 34786

Title: DVP ( ) Delete  
Name: CARRIS, KENNETH R  
Address: 524 CARNATION DRIVE  
City-St-Zip: WINTER PARK, FL 32792

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PETER GAMMONS

PD

05/03/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date