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Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000005805 (4)

1. Corporation Name

CATHEDRAL OF THE HOLY SPIRIT AT WORLD OF FAITH O  
UTREACH CHRISTIAN CENTER, INC.



Principal Place of Business

Mailing Address

2440 SUMMER BROOK ST.  
MELBOURNE FL 32940

2440 SUMMER BROOK ST.  
MELBOURNE FL 32940-7172

3. Date Incorporated or Qualified  
11/08/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

65-0717780

Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HATCHER, ANTHONY J  
2440 SUMMER BROOK ST.  
MELBOURNE FL 32940

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE P/Tr/D  Change  Addition  
1.2 NAME Anthony Hatcher  
1.3 STREET ADDRESS 2440 Summer Brook Street  
1.4 CITY-ST-ZIP Melbourne, FL 32940

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE V/D/Tr  Change  Addition  
2.2 NAME Charlene Hatcher  
2.3 STREET ADDRESS 2440 Summer Brook Street  
2.4 CITY-ST-ZIP Melbourne, FL 32940

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE S  Change  Addition  
3.2 NAME Sylvia Smith  
3.3 STREET ADDRESS 6470 Bamboo Ave  
3.4 CITY-ST-ZIP PT. ST. John, FL 32927

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE D/Tr  Change  Addition  
4.2 NAME Barbara Burgess  
4.3 STREET ADDRESS 1193 Walnut Grove Way  
4.4 CITY-ST-ZIP Rockledge, FL 32955

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Anthony Hatcher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Hatcher

March 27, 1997 407-253-8723

Date

Daytime Phone # 0019870

CR2E037 (9/96)