


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005805 (4)
1. Corporation Name
**CATHEDRAL OF THE HOLY SPIRIT AT WORLD OF FAITH O
UTREACH CHRISTIAN CENTER, INC.**



Principal Place of Business 2440 SUMMER BROOK ST. MELBOURNE FL 32940	Mailing Address 2440 SUMMER BROOK ST. MELBOURNE FL 32940
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3. Date Incorporated or Qualified 11/08/1996	
4. FEI Number 65-0717780	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 876 U.S. Highway 1	2a. Mailing Address 28
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 Rockledge, FL	City & State 28
Zip 24 32955	Country 25 U.S.
	29
	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PTRO	<input type="checkbox"/> DELETE
NAME HATCHER, ANTHONY	
STREET ADDRESS 2440 SUMMER BROOK ST	
CITY-ST-ZIP MELBOURNE FL	
TITLE VDTR	<input type="checkbox"/> DELETE
NAME HATCHER, CHARLENE	
STREET ADDRESS 2440 SUMMER BROOK ST	
CITY-ST-ZIP MELBOURNE FL	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME SMITH, SYLVIA	
STREET ADDRESS 6470 BAMBOO AVE	
CITY-ST-ZIP PT ST JOHN FL	
TITLE DTR	<input type="checkbox"/> DELETE
NAME BURGESS, BARBARA	
STREET ADDRESS 1193 WALNUT GROVE WAY	
CITY-ST-ZIP ROCKLEDGE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T/Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Carolyn Williams	
1.3 STREET ADDRESS 976 Kingfisher Way	
1.4 CITY-ST-ZIP Rockledge, FL 32955	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 J. Hatcher** *Anthony J. Hatcher* 20 Jan. 98 (407)253-8723

CFR2E037 (10/97)