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FILED
Feb 17, 1999 8:00am
Secretary of State

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-17-1999 90031 017 *****61.25

DOCUMENT # N96000005805

1. Corporation Name

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

Principal Place of Business

876 US HWY 1
 ROCKLEDGE FL 32955
 US

Mailing Address

2440 SUMMER BROOK ST.
 MELBOURNE FL 32940



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/08/1996

4. FEI Number

65-0717780

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
 Added to Fees

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

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

TITLE PTRD DELETE
 NAME HATCHER, ANTHONY
 STREET ADDRESS 2440 SUMMER BROOK ST
 CITY-ST-ZIP MELBOURNE FL

TITLE VDTR DELETE
 NAME HATCHER, CHARLENE
 STREET ADDRESS 2440 SUMMER BROOK ST
 CITY-ST-ZIP MELBOURNE FL

TITLE TTR DELETE
 NAME WILLIAMS, CAROLYN
 STREET ADDRESS 976 KINGFISH WAY
 CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE DTR DELETE
 NAME BURGESS, BARBARA
 STREET ADDRESS 1193 WALNUT GROVE WAY
 CITY-ST-ZIP ROCKLEDGE FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

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

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *Charlene Burgess* SIGNATURE REQUIRED: *Anthony J. Hatcher* 1-27-99 407-253-8923
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)