

2000 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
May 11, 2000 8:00 am
Secretary of State

02-29-2000 90111 045 ****61.25

DOCUMENT # N96000005805

1. Entity Name

CATHEDRAL OF THE HOLY SPIRIT AT WORLD OF FAITH O

Principal Place of Business

876 US HWY 1
 ROCKLEDGE FL 32955
 US

Mailing Address

2440 SUMMER BROOK ST.
 MELBOURNE FL 32940-7172

2. Principal Place of Business

217 Dixie Lane

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Rockledge, FL

City & State

Rockledge, FL

4. FEI Number

65-0717780

Applied For

Not Applicable

Zip

32956

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEES IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. 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	TTR	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, CAROLYN	
STREET ADDRESS	976 KINGFISH WAY	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TTR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sconiers, Joyce	
STREET ADDRESS	991 Pineland Dr.	
CITY-ST-ZIP	Rockledge, FL 32955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

Charlene Hatcher 30 March 2000 321-635-8844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charlene Hatcher

CR2E037 (9/99)