

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90187 050 ****61.25

010318

DOCUMENT # NO1000007818

1. Entity Name

CHURCH OF GOD OF PROPHECY, INC.



Principal Place of Business

**3200 J.A. ELY BLVD.
HOLLYWOOD FL**

Mailing Address

**3200 J.A. ELY BLVD.
HOLLYWOOD FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0328952**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPRON, FRANKLYN BISHOP
3200 J.A. ELY BLVD.
HOLLYWOOD FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAPRON, FRANKLYN ELDER	
STREET ADDRESS	2816 SW 7TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WALKER, RICHARD	
STREET ADDRESS	2300 FORREST STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROBINSON, LINDA	
STREET ADDRESS	4820 SW 24TH STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SAUNDERS, JANICE	
STREET ADDRESS	2123 RODMAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 an other like empowered.

SIGNATURE: SIGNATURE REQUIRED

CR2E037 (10/02)