

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2004  
Secretary of State**

DOCUMENT# N03000006882

**Entity Name:** THE CHURCH OF GOD OF PROPHECY OF WEST PALM BEACH, INC.

**Current Principal Place of Business:**

223 BAYBERRY DRIVE  
LAKE PARK, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

223 BAYBERRY DRIVE  
LAKE PARK, FL 33404

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TASINI, OREN S ESQ.  
HAILE, SHAW & PFAFFENBERGER, P.A.  
11780 U.S. HIGHWAY ONE, SUITE 300  
NORTH PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D                      ( ) Delete  
Name: MCFARLANE, TREVOR PASTOR  
Address: 223 BAYBERRY DRIVE  
City-St-Zip: LAKE PARK, FL 33404

Title: D                      ( ) Delete  
Name: MCFARLANE, LOUISE  
Address: 223 BAYBERRY DRIVE  
City-St-Zip: LAKE PARK, FL 33404

Title: D                      ( ) Delete  
Name: JOHNSON, WINSTON  
Address: 4324 LAKE LUCERNE CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D                      ( ) Delete  
Name: JOHNSON, ELSA  
Address: 4324 LAKE LUCERNE CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D                      ( ) Delete  
Name: MOYTON, VERLY  
Address: 5743 DAPHNE DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D                      ( ) Delete  
Name: MOYTON, GRACE  
Address: 5743 DAPHNE DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33415

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TREVOR MCFARLANE

DIR

04/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date