

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 05, 2006
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 Chapter 119, 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

D

05/05/2006

Electronic Signature of Signing Officer or Director

Date