FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name N50840

(0)

DEEDELE D. REACH CHILDCH OF GOD OF PROPHECY INC.

DECKLI		GOD OF PROPRECT.	ING.			
Principal Place of Business		Mailing Address			Dit Gibit Bidte Eifer diftt Atfil Gifte idft.	
160 SE SECOND ST DEERFIELD BEACH FL 33441 US		160 SE SECOND ST DEERFIELD BEACH FL 33441 US				
03		00			Date Incorporated or Qualified 09/11/1992	3a. Date of Last Report 03/03/1995
2. Principal Pla	ice of Business	2a. Mailing Address 26			4. FEI Number 59-2370066	Applied For Not Applicable
Suite, Apt. #	r. etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27		Certificate of Status Desired	Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zιρ	Country	Zip	Country	y	8. This corporation has liability for in	
24	25 29		30	Florida Statutes		
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curre	nt Registered Agent	81		10. Name and Address of New Re	gistered Agent
				Name		
BERRY, MARK			82	Street Ad	ldress (P.O. Box Number is Not Acceptable	e)
	ECOND ST		83	1		
DECRITIC	LD BEACH FL 33443					
			84	City		FL 85 Zip Code
or register	o the provisions of Sections 617.050; ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such change was authorize	ed by the corp	named corp poration's bo	oration submits this statement for the purporard of directors. I hereby accept the appo	ose of changing its registered office intment as registered agent. I am
SIGNATURE _						
	Signature, typed or printed name of registered ages	Land the manpicable INO ID DIRECTORS	TE Registered Agu	irit signature requ	ared when reinstating) ADDITIONS: CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
12.	D	DELETE	11 TITLE		76.6770.700 0.111.000 0.111	Change Addition
NAME	BERRY, MARK		12 NAME			
STREET ADDRESS	COM OF FOLED DD		1 3 STREE	T ADDRESS		
CITY-ST-ZIP	MIRAMAR FL		14 CITY -	ST-ZIP		
TITLE	D	DELETE	2 1 THTLE		MULLINGS, MOSES	Change 🔲 Addition
NAME	MULLING, MOSES		2 2 NAME			
STREET ADDRESS	238 LAKEN DR		23 STREE	ET ADDRESS	129 PUFFIN CT.	
CiTY-ST-ZIP	WEST PALM BEACH FL	FIDULE	2 4 CITY		ROYAL PALM BEAC	H, FL 33411
TITLE	D HANN TON CHEN A	☐ DELETE	31 TITLE			□ cutailde □ vacition
NAME CENCET ADORESC	Hamilton, Sheila 200 ne 27th ave		3 2 NAME	ET ADDRESS		
STREET ADDRESS	BOYNTON BEACH FL		3 4 CITY			
CHTY-ST-ZIP TITLE	DOMINION BEACHTE	DELETE	4 1 TITLE			☐ Change ☐ Addition
NAME	MULLINGS, LEWELLYN		4 2 NAMI	£		
STREET ADDRESS	635 CLEAR LAKE AVE		4 3 STREE	ET ADDRESS		
C(TY-ST-Z(F)	WEST PALM BEACH FL		4.4.CiTY-	-ST-ZIP		
TITLE	D	DELETE	5 1 TITLE			Change Addition
NAME	CAPRON, FRANKLYN		5.2 NAME			
STREET ADDRESS	2816 S.W. 7TH STREET			ET ADDRESS		
C:TY-ST-Z:P	FT. LAUDERDALE FL	DELETE	5.4 CHT -	·ST - ZIF		☐ Change ☐ Addition
TITLE	D CASTON CARTY		6 1 TIT			□ Ausuite □ vitoritori
NAME CHICKLA ADDRESS	GASTON, CARTY 6520 S.W. 7TH STREET		6.2 NA 0 6	ET ADDRESS		
STHEET ADDRESS	N. FT. LAUDERDALE FL		6 4 CH			
CITY-ST-ZIP 14. I do hereb	y certify that the information supplied	with this filing is voluntarily furn			y for the exemption stated in Section 119.	07(3)(k), 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 lagal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowend 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

407 737-2466 Dayline Phone V SHEILA HAMILTON 2/3/96

CR2E037 (12/95)