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Jan 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N50840 (0)
1. Corporation Name
DEERFIELD BEACH CHURCH OF GOD OF PROPHECY, INC.



Principal Place of Business Mailing Address
160 SE SECOND ST DEERFIELD BEACH FL 33441 US
160 SE SECOND ST DEERFIELD BEACH FL 33441-3906 US

3. Date Incorporated or Qualified 09/11/1992
3a. Date of Last Report 02/08/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country
4. FEI Number 59-2370066 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BERRY, MARK
160 SE SECOND ST
DEERFIELD BEACH FL 33443
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D BERRY, MARK <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, MARK	1.2 NAME	
STREET ADDRESS	9691 CLACIER DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	1.4 CITY-ST-ZIP	
TITLE	D MULLINGS, MOSES <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLINGS, MOSES	2.2 NAME	
STREET ADDRESS	129 PUFIN CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PLM BCH FL	2.4 CITY-ST-ZIP	
TITLE	D HAMILTON, SHEILA <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, SHEILA	3.2 NAME	
STREET ADDRESS	200 NE 27TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D MULLINGS, LEWELLYN <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULLINGS, LEWELLYN	4.2 NAME	D Radley Brown
STREET ADDRESS	635 CLEAR LAKE AVE	4.3 STREET ADDRESS	1903 NW 77 AVE
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	Margate FL 33063
TITLE	D CAPRON, FRANKLYN <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPRON, FRANKLYN	5.2 NAME	
STREET ADDRESS	2816 S.W. 7TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	D GASTON, CARTY <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASTON, CARTY	6.2 NAME	
STREET ADDRESS	6520 S.W. 7TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. BERRY* 1-5-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (9/96)