

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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.



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|--|--|
| Principal Place of Business 160 SE SECOND ST DEERFIELD BEACH FL 33441 US | Mailing Address 160 SE SECOND ST DEERFIELD BEACH FL 33441 US |
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|--|
| 3. Date Incorporated or Qualified 09/11/1992 |
| 4. FEI Number 59-2370066 |
| Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

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|---|
| 9. Name and Address of Current Registered Agent BERRY, MARK 160 SE SECOND ST DEERFIELD BEACH FL 33443 |
|---|

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|---|
| 10. Name and Address of New Registered Agent |
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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]* (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D BERRY, MARK |
| STREET ADDRESS | 9691 CLACIER DR |
| CITY-ST-ZIP | MIRAMAR FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D MULLINGS, MOSES |
| STREET ADDRESS | 129 PUFIN CT |
| CITY-ST-ZIP | ROYAL PLM BCH FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D HAMILTON, SHEILA |
| STREET ADDRESS | 200 NE 27TH AVE |
| CITY-ST-ZIP | BOYNTON BEACH FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D BROWN, RADLEY |
| STREET ADDRESS | 1903 NW 77 AVE |
| CITY-ST-ZIP | MARGATE FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D CAPRON, FRANKLYN |
| STREET ADDRESS | 2816 S.W. 7TH STREET |
| CITY-ST-ZIP | FT. LAUDERDALE FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D GASTON, CARTY |
| STREET ADDRESS | 6520 S.W. 7TH STREET |
| CITY-ST-ZIP | N. FT. LAUDERDALE FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12 | |
|--|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-12-97 Date Daytime Phone #

CR2E037 (10/97)