

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90044 023 ****61.25

DOCUMENT # N50840

1. Entity Name
DEERFIELD BEACH CHURCH OF GOD OF PROPHECY, INC.

Principal Place of Business SE SECOND ST BEACH FL 33441	Mailing Address 160 SE SECOND ST DEERFIELD BEACH FL 33441-3906 US
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DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address	4. FEI Number 59-2370066	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State	City & State		
Zip	Country	Zip	Country

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution **\$5.00** May Be Added to Fees

Make Check Payable to
Department of State

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
D <input type="checkbox"/> Delete BERRY, MARK 9691 CLACIER DR MIRAMAR FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
D <input type="checkbox"/> Delete MULLINGS, MOSES 129 PUFIN CT ROYAL PLM BCH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
D <input type="checkbox"/> Delete HAMILTON, SHEILA 200 NE 27TH AVE BOYNTON BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
D <input type="checkbox"/> Delete BROWN, RADLEY 1903 NW 77 AVE MARGATE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
D <input type="checkbox"/> Delete CAPRON, FRANKLYN 2816 S.W. 7TH STREET FT. LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
D <input type="checkbox"/> Delete GASTON, CARTY 6520 S.W. 7TH STREET N. FT. LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 furnished on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sheila Hamilton JIREL Sheila Hamilton Date 2/15/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)