

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91331 045 ****61.25

DOCUMENT # N50840

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	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. Name and Address of Current Registered Agent BERRY, MARK 160 SE SECOND ST DEERFIELD BEACH FL 33441	7. Name and Address of New Registered Agent Name GASTON CARTY Street Address (P.O. Box Number is Not Acceptable) 160 S.E. 2ND ST DEERFIELD BEACH, FL 33441 City FL Zip Code
--	--

8. 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: *Gaston Carty* **Gaston Carty, Director** DATE: **02/03/01**

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRY, MARK 9691 CLACIER DR MIRAMAR FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <i>Rever Minister</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Alphonso Strachan 1271 N.E. 39th St. Pompano Beach, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLINGS, MOSES 129 PUFIN CT ROYAL PLM BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, SHEILA 200 NE 27TH AVE BOYNTON BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, RADLEY 1903 NW 77 AVE MARGATE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPRON, FRANKLYN 2816 S.W. 7TH STREET FT. LAUDERDALE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <i>Evangelist</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thelma Williams 1440 N.E. 44th Ct Pompano Beach, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GASTON, CARTY 6520 S.W. 7TH STREET N. FT. LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Gaston Carty* DATE: **02/03/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)