

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90036 025 \*\*\*\*61.25

**DOCUMENT # N50840**

1. Entity 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  
 US

2. Principal Place of Business

3. Mailing Address

160 SE 2nd Street  
 Suite, Apt. #, etc.

160 S.E 2nd Street  
 Suite, Apt. #, etc.

City & State

City & State

Deerfield Fl.

Deerfield Fl.

4. FEI Number

59-2370066

Applied For

Not Applicable

Zip

Country

Zip

Country

33442

BRWARDS

33442

BRWARDS

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GASTON, CARTY  
 160 SE SECOND ST  
 DEERFIELD BEACH FL 33441

Name Gaston - Carly  
 Street Address (P.O. Box Number is Not Acceptable)  
6520 SW 7th Ct.  
 City Mi. Lauderdale FL Zip Code 33069

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

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.

\$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

T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	T STRACHAN, ALPHONSO 1271 NE 39TH STREET POMPANO BEACH FL 33064
D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	D MULLINGS, MOSES 129 PUFIN CT ROYAL PLM BCH FL
D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	D HAMILTON, SHEILA 200 NE 27TH AVE BOYNTON BEACH FL
T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	T BROWN, RADLEY 1903 NW 77 AVE MARGATE FL
T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	T WILLIAMS, THELMA 1440 NE 44TH CT POMPANO BEACH FL 33064
D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	D GASTON, CARTY 6520 S.W. 7TH STREET N. FT. LAUDERDALE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Sheila Hamilton QUIS Sheila Hamilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)