



2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 25 AM 8:00

REINSTATEMENT 04

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																																																																																																																																																							
2. Principal Place of Business <u>160 S.E. 2nd Street</u> Suite, Apt. #, etc.		3. Mailing Address <u>160 SE 2nd Street</u> Suite, Apt. #, etc.																																																																																																																																																									
City & State <u>Deerfield Beach Fl.</u>		City & State <u>Deerfield Beach Fl.</u>		4. FEI Number 59-2370066																																																																																																																																																							
Zip <u>33441</u>		Country <u>BRWAD</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent GASTON, CARTY 6520 SW 7 CT POMPANO BEACH, FL 33069				7. Name and Address of New Registered Agent Name <u>Gaston, Carty</u> Street Address (P.O. Box Number is Not Acceptable) <u>6520 SW 7th Street</u> <u>FL</u> <u>33069</u> City <u>FL</u> 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																																																											
SIGNATURE <u>Gaston Carty - President</u> <u>10/21/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																											
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50				Make check payable to Florida Department of State																																																																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>STRACHAN, ALPHONSO</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1271 NE 39TH STREET</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>POMPANO BEACH, FL 33064</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MULLINGS, MOSES</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>129 PUFIN CT</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ROYAL PLM BCH, FL</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>HAMILTON, SHEILA</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>200 NE 27TH AVE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOYNTON BEACH, FL</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>BROWN, RADLEY</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1903 NW 77 AVE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MARGATE, FL</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>WILLIAMS, THELMA</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1440 NE 44TH CT</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>POMPANO BEACH, FL 33064</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>GASTON, CARTY</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6520 S.W. 7TH STREET</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>N. FT. LAUDERDALE, FL</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STRACHAN, ALPHONSO		NAME			STREET ADDRESS	1271 NE 39TH STREET		STREET ADDRESS			CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP			TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MULLINGS, MOSES		NAME			STREET ADDRESS	129 PUFIN CT		STREET ADDRESS			CITY-ST-ZIP	ROYAL PLM BCH, FL		CITY-ST-ZIP			TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	HAMILTON, SHEILA		NAME			STREET ADDRESS	200 NE 27TH AVE		STREET ADDRESS			CITY-ST-ZIP	BOYNTON BEACH, FL		CITY-ST-ZIP			TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	BROWN, RADLEY		NAME			STREET ADDRESS	1903 NW 77 AVE		STREET ADDRESS			CITY-ST-ZIP	MARGATE, FL		CITY-ST-ZIP			TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	WILLIAMS, THELMA		NAME			STREET ADDRESS	1440 NE 44TH CT		STREET ADDRESS			CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP			TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GASTON, CARTY		NAME			STREET ADDRESS	6520 S.W. 7TH STREET		STREET ADDRESS			CITY-ST-ZIP	N. FT. LAUDERDALE, FL		CITY-ST-ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																																																																								
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME	STRACHAN, ALPHONSO		NAME																																																																																																																																																								
STREET ADDRESS	1271 NE 39TH STREET		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP																																																																																																																																																								
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME	MULLINGS, MOSES		NAME																																																																																																																																																								
STREET ADDRESS	129 PUFIN CT		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP	ROYAL PLM BCH, FL		CITY-ST-ZIP																																																																																																																																																								
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME	HAMILTON, SHEILA		NAME																																																																																																																																																								
STREET ADDRESS	200 NE 27TH AVE		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP	BOYNTON BEACH, FL		CITY-ST-ZIP																																																																																																																																																								
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME	BROWN, RADLEY		NAME																																																																																																																																																								
STREET ADDRESS	1903 NW 77 AVE		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP	MARGATE, FL		CITY-ST-ZIP																																																																																																																																																								
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME	WILLIAMS, THELMA		NAME																																																																																																																																																								
STREET ADDRESS	1440 NE 44TH CT		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP																																																																																																																																																								
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																						
NAME	GASTON, CARTY		NAME																																																																																																																																																								
STREET ADDRESS	6520 S.W. 7TH STREET		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP	N. FT. LAUDERDALE, FL		CITY-ST-ZIP																																																																																																																																																								
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: <u>Gaston Carty - President</u> <u>10/21/04</u> <u>954-406-9033</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																											

292

The Church of God of Prophecy

Bishop Mark Berry, Pastor
Home Telephone: (954) 442-8464

160 SE 2nd St.
Deerfield Beach, FL 33441

To: Division Of Corporation
From : Deerfield Beach Church Of God Of Prophecy
Subject: Reinstatement

RE: Notice Of Reinstatement

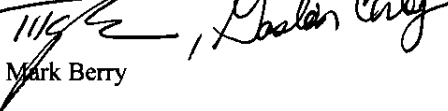
Dear Sirs;

My name is Mark Berry and I'm the pastor of the above mention Church. On 10 / 21/04 we receive a notice of Dissolution or Revocation. We have sent our annual report to you all Three Time you have cash the check for the annual report but you say you have not receive the report. The check and the report came in the same envelope. We have done all we that could do to correct this matter.

We ask that you correct your records and reinstate this corporation, thank you for your attention in this matter .

Mark Berry pastor Gaston Carty- President.

Respectfully,


Mark Berry

Note: a fee of 236.25 is charge However we have made all attempts to correct this matter. You acknowledge the receipt of the check, but not the Report. We should not be charge a 236.25 fee The confusion was not on the church part.