FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

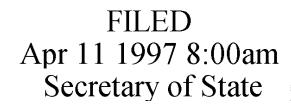
N95000000321 (8)

CHURCH OF GOD OF PROPHECY LIFE CENTRE INC.

Principal Place of Business

SIGNATURE:

Mailing Address





353 KREFELD R PALM BAY FL 3		353 KREFELD RD. N.W. PALM BAY FL 32807-1057		·			
	•••			e spess	3. Date Incorporated or Qualified		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
21		26			59-3035205		Not Applicable
Suite, Apt		Suite, Apt. #, etc. 27 353 KRCF	ELd	Ed	5. Certificate of Status Desired	1 1 7 7 7	75 Additional se Required
City & State				6. Election Campaign Financing \$5.00 May Be			
23 N W Pa M BAY 1-L 28 N.W. Pa M BOY 1-L Trust Fund Contribution Added to Fees Zip Country R. This connection has liability for intensible tax under s. 199.0							
24 329	OF BROLLAND			EVara	B. This corporation has liability for li Florida Statutes	ntangible tax urk] Yes □ No	der s. 199.032,
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
WOLFE LABOV				Name			
				92 Chrost Address (D.O. Day Mirrober le Mat Acceptable)			
				82 Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL			83				
174241			84	City		85	Zip Code
				Unity		FL °°	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, typed or printed name of registered agent			ent signature requir	ed when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
THILE	D	☐ DELETE	1.1 TITLE			L. Cha	ange L Addition
NAME	DOUGLAS, SIDNEY BISHOP		1.2 NAME				
STREET ADDRESS	353 KREFELD RD. N.W.		1.3 STREE	T ADDRESS		4	
CITY-ST-ZIP	PALM BAY FL 32907		1.4 CITY-	ST-ZIP			
TITLE	SD	☐ DELETE	21 TITLE			L Cha	ange ∐ Addition (
NAME	Douglas, Elizabeth		2.2 NAME				
STREET ADDRESS	353 KREFELD RD. N.W.		2.3 STREET ADDRESS				
CITY-ST-ZIP	PALM BAY FL 32907		2. 4 CITY - ST - ZIP				
TITLE	D	DELETE	3.1 TITLE			Cha	inge 🔲 Addition
NAME	VALENTINE, MICHEAL		3.2 NAME				
STREET ADDRESS	422 PENEWOOD DRIVE NE		3.3 STREE	T ADDRESS		*	
CITY-ST-ZIP	PALM BAY FL 32907 34.0		3.4. CITY-	ST-ZIP			
TITLE		DELETE	4.1 TITLE			Cha	ange 🔲 Addition
NAME			4. 2 NAME	.			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CHY-ST-ZIP			4.4 C(TY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Cha	inge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRÉSS			5.3 STREE	T ADDRESS	•		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		DELETE	6.1 TITLE			☐ Cha	inge 🔲 Addition
NAME			6.2 NAME				
STREE1 ADDRESS			II.	T ADDRESS			
CITY-ST-ZIP			64 CITY-		•		
14. I do hereb	y certify that the information supplied	with this filing does not qualify	for the exc	emption stated	in Section 119,07(3)(i), Florida Statutes	s. 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.							