6/11/2002-90398-023-$70.00-$70.00

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007218

1. Entity Name: SUNRISE/LAUDERHILL CHURCH OF GOD OF PROPHECY INC.

FILED
02 JUL 12 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0125028

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1577 SUNSET STRIP AVE.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUNRISE FL.	
City & State	City & State
33313	
Zip / Country	Zip / Country
BROWARD	

4. FEI Number: 650802195 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MICHAEL SHAW

Street Address (P.O. Box Number is Not Acceptable): 2960 N.W.44th AVE

City: LAUDERDALE LAKES FL Zip Code: 33313

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: Bishop Michael Shaw Sr

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

FEE IS $61.25 Initial or Amended UBR

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

TITLE D NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/CLERK IRIS DAVIS WALKER 1210 HAMPTON BLVD.APT.113 N.LAUDERDALE FL.33068
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	TREASURER BEVERLY MAZYCK 2041 N.W.64 AVE.APT.1 SUNRISE FL.33313
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	PASTOR MICHAEL SHAW 2960 N.W.44th AVE. LAUDERDALE LAKES FL.33313
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	FINANCE/STEWARDSHIP CHAIR/M DERICK LITTLE 10550 N.W.29ct. CORAL.SPRINGS FL.33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Shaw Sr

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

gp 7/12/02