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

**FILED**
**Mar 18, 2004 8:00 am**
**Secretary of State**
03-18-2004 90001 041 ****61.25

DOCUMENT # 16-22-309405-558

1. Entity Name
Church of God of Prophecy

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54018910
DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1577 Sunset Strip. | 2960 NW 44th ave |
| Suite, Apt. #, etc. Sunrise | Suite, Apt. #, etc. Lauderdale Lakes |
| City & State Florida | City & State Florida |
| Zip 33313 - Country Broward - | Zip 33313 - Country Broward |

4. FEI Number ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Michael Shaw Sr.
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 3/15/04
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | Michael Shaw Sr Pastor<br>2960 NW 44 ave.<br>Lauderdale Lakes FL 33313 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Iris Davis Walker Clerk.<br>1210 Hampton Blvd. # 113<br>North Lauderdale FL 33068 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Beverly Mazyck Treasurer<br>2041 NW 64th Ave # 1<br>Sunrise FL 33313 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Derrek Little Finance C/Man<br>10550 NW 29 Ct.<br>Coral Springs. FL 33065-3786 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |

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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: Iris Davis Walker Secretary/Clerk 3/15/04. 954.726-4153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #