

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007218

1. Entry Name

CHURCH OF GOD OF PROPHECY - SUNRISE/AUDERHILL, INC.



Principal Place of Business

1577 SUNSET STRIP AVE
SUNRISE FL 33313

Mailing Address

1577 SUNSET STRIP AVE
SUNRISE FL 33313

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FE Number **65-0802185**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$6.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAW, MICHAEL
2060 NW 44TH AVE
LAUDERDALE LAKES FL 33319

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entry 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

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when registering)

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DO WALKER, IRIS D	☐ Delete
STREET ADDRESS	1210 HAMPTON BLVD, APT 113	
CITY-STATE-ZIP	N LAUDERDALE FL 33068	
TITLE NAME	TY MAZYCK, BEVERLY	☐ Delete
STREET ADDRESS	2041 NW 84 AVE, APT 1	
CITY-STATE-ZIP	SUNRISE FL 33313	
TITLE NAME	DP SHAW, MICHAEL	☐ Delete
STREET ADDRESS	2060 NW 44TH AVE	
CITY-STATE-ZIP	FORT LAUDERDALE FL 33313	
TITLE NAME	DPFC LITTLE, DERICK	☐ Delete
STREET ADDRESS	10680 NW 29CT	
CITY-STATE-ZIP	CORAL SPRINGS FL 33065	
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		☐ Change ☐ Addition
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TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Shaw
DATE: _____ DAY: _____ MONTH: _____ YEAR: _____

OFF-0037 (10/02)