

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 744950 (7)**  
1. Corporation Name  
**CHRISTIAN CHURCH OF PROPHECY INC.**



Principal Place of Business  
**2216 ERIN AVE  
HOLIDAY FL 34690  
US**

Mailing Address  
**2216 ERIN AVE  
HOLIDAY FL 34690  
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/15/1978</b>		3a. Date of Last Report <b>02/17/1995</b>	
21		26 <b>PO BOX 0136</b>		4. FEI Number <b>59-2893515</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28 <b>TARPON SPRINGS FL</b>					
Zip		Zip					
24		29 <b>34688</b>		30 <b>us</b>			
Country		Country					
25		30					

## 9. Name and Address of Current Registered Agent

**ZALESKI, CAROL J REV  
263 MILWAUKEE AVE  
APT 110  
SUNEDIN FL 34698**

**NAME CHANGE  
DUE TO DIVORCE**

## 10. Name and Address of New Registered Agent

81 Name **REV. CAROL J. DeMars**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**747 HAVEN PLACE**  
83  
84 City **TARPON SPRINGS** FL 85 Zip Code **34689**

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 **REV. CAROL J. DeMars** *Rev. Carol J. DeMars* **4/21/96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>JOHNSTON, ROBT H, REV, FR</b>			1.2 NAME	<b>BRUCE GARY</b>		
STREET ADDRESS	<b>1622 A LEISURE LANE</b>			1.3 STREET ADDRESS	<b>2463 BAYBERRY DR.</b>		
CITY - ST - ZIP	<b>DUNEDIN FL</b>			1.4 CITY - ST - ZIP	<b>CLEARWATER, FL</b>		
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EPLER, REV. DORIS</b>			2.2 NAME			
STREET ADDRESS	<b>3725 CHERRYWOOD DR.</b>			2.3 STREET ADDRESS			
CITY - ST - ZIP	<b>HOLIDAY FL</b>			2.4 CITY - ST - ZIP			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ZALESKI, CAROL J REV</b>			3.2 NAME	<b>DeMars, CAROL J. REV.</b>		
STREET ADDRESS	<b>263 MILWAUKEE</b>			3.3 STREET ADDRESS	<b>747 HAVEN PLACE</b>		
CITY - ST - ZIP	<b>DUNEDIN FL</b>			3.4 CITY - ST - ZIP	<b>TARPON SPRINGS FL, 34689</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CRANE, REV. SANDRA</b>			4.2 NAME	<b>300001802623</b>		
STREET ADDRESS	<b>1741 FAIRFIELD ST.</b>			4.3 STREET ADDRESS	<b>-05/01/96--01017--038</b>		
CITY - ST - ZIP	<b>HOLIDAY FL</b>			4.4 CITY - ST - ZIP	<b>***70.00</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STEELY, WILLIAM R R</b>			5.2 NAME	<b>STEELY, WILLIAM REV.</b>		
STREET ADDRESS	<b>P O BOX 3418</b>			5.3 STREET ADDRESS	<b>P O BOX 3418</b>		
CITY - ST - ZIP	<b>SPRING HILL FL</b>			5.4 CITY - ST - ZIP	<b>SPRING HILL FL</b>		
TITLE	<b>TSD</b>	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FRAME, BRUCE</b>			6.2 NAME			
STREET ADDRESS	<b>710 E. PENT ST</b>			6.3 STREET ADDRESS			
CITY - ST - ZIP	<b>TARPON SPRINGS FL</b>			6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. 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.

SIGNATURE: **Rev. Carol J. DeMars** *REV. CAROL J DeMars* **4/21/96** **8/3**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **408-3360**

CR2E037 (12/95)

*4/30/96*