


FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 DR. HOLIDAY FL. 34690 PASCO		Mailing Address SAME	
2. Principal Place of Business 21 SAME		2a. Mailing Address 26 SAME	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Zip 29	
Country 25		Country 30	
3. Date Incorporated or Qualified 11/15/1978		3a. Date of Last Report April 29, 1996	
4. FEI Number 59-2893515		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent REV. CAROL JEAN DEMARS 747 HAVEN PLACE TARPON SPRINGS, FL. 34689		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 REV. CAROL JEAN DEMARS <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Rev. Carol Jean Demars <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE 5/1/97 <small>DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT <input type="checkbox"/> DELETE NAME REV. CAROL JEAN DEMARS STREET ADDRESS 747 HAVEN PLACE CITY-ST-ZIP TARPON SPRINGS, FL. 34689		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE VICE PRESIDENT <input type="checkbox"/> DELETE NAME REV. WILLIAM R. STEELY STREET ADDRESS 2216 ERIN DR. CITY-ST-ZIP HOLIDAY, FL. 34680		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME DORIS EPLER, REV. STREET ADDRESS 3725 CHERRYWOOD DR. CITY-ST-ZIP HOLIDAY, FL. 34691		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE S/D <input type="checkbox"/> DELETE NAME SANDRA CRANE STREET ADDRESS 4204 FAIRFIELD DR. CITY-ST-ZIP HOLIDAY, FL. 34691		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE D/TRES <input type="checkbox"/> DELETE NAME BRUCE FRAME STREET ADDRESS 710 E. PENT ST. CITY-ST-ZIP TARPON SPRINGS, FL. 34689		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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 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: Carol Jean Demars <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		REV. CAROL JEAN DEMARS <small>Date</small>	
5/1/97		937-7097 <small>Daytime Phone #</small>	

CR2E037 (9/96)