SIGNATURE:	: DIANE STRACHAN Electronic Signature of Registered Agent			04/30/2015 Date
Officer/Dire	ctor Detail :			
Title	Р	Title	S	
Name	STRACHAN, DIANE	Name	STRACHAN, DIANE	
Address	5632 WILEY STREET	Address	5632 WILEY STREET	
City-State-Zip:	HOLLYWOOD FL 33023	City-State-Zip:	HOLLYWOOD FL 33023	
Title	TREASURER	Title	ASST. SECRETARY	
Name	BILLY, LESLIE-ANN	Name	SYLVAIN, JUNIOR	
Address	5632 WILEY STREET	Address	5632 WILEY STREET	
City-State-Zip:	HOLLYWOOD FL 33023	City-State-Zip:	HOLLYWOOD FL 33023	
Title	DIRECTOR	Title	DIRECTOR	
Name	ARNEUS, JESSE	Name	DELVA, LOUICITO	
Address	5632 WILEY STREET	Address	5632 WILEY STREET	
City-State-Zip:	HOLLYWOOD FL 33023	City-State-Zip:	HOLLYWOOD FL 33023	
Title	DEACON	Title	VP	
Name	ESTEL'HOMME, CLEVELAND	Name	BILLY, LESLIE-ANN	
Address	5632 WILEY STREET	Address	5632 WILEY STREET	
City-State-Zip:	HOLLYWOOD FL 33023	City-State-Zip:	HOLLYWOOD FL 33023	

Current Principal Place of Business:

5632 WILEY STREET HOLLYWOOD, FL 33023

Current Mailing Address:

5632 WILEY STREET HOLLYWOOD, FL 33023 US

DOCUMENT# N0900006554

FEI Number: 27-0681369

Name and Address of Current Registered Agent:

STRACHAN, DIANE 5632 WILEY STREET HOLLYWOOD, FL 33023 US

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.

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DIANE STRACHAN

SECRETARY

04/30/2015

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: PROPHETIC WORSHIPPERS INTERNATIONAL, INC.

FILED Apr 30, 2015 Secretary of State CC0355667121

Certificate of Status Desired: Yes

Electronic Signature of Signing Officer/Director Detail

Date