


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703317** (8)
1. Corporation Name
CHURCH OF GOD OF PROPHECY OF WINTER GARDEN, INC.



Principal Place of Business 1320 S 9TH ST WINTER GARDEN FL 34787 US		Mailing Address 1320 S 9TH ST WINTER GARDEN FL 34787 US		3. Date Incorporated or Qualified 12/12/1961	
				4. FEI Number 59-2373483	
				Applied For Not Applicable	
2. Principal Place of Business 21		2a. Mailing Address 26		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State 23		City & State 28		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 24		Zip 29		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country 25		Country 30			
9. Name and Address of Current Registered Agent MOSS, HERBERT E 553 PALM DRIVE WINTER GARDEN FL 34787				10. Name and Address of New Registered Agent	
				81 Name David Carlson	
				82 Street Address (P.O. Box Number is Not Acceptable) 674 Palm Avenue	
				83 Winter Garden	
				84 City Winter Garden	
				FL 85 Zip Code 34787	

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 David L. Carlson (NOTE: Registered Agent signature required when reinstating) DATE 2/26/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OD <input type="checkbox"/> DELETE	1.1 TITLE	OD (Pastor) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANSFORD, ALLEN	1.2 NAME	David L. Carlson
STREET ADDRESS	251 HARBOR ST	1.3 STREET ADDRESS	674 Palm Ave
CITY-ST-ZIP	WINTER GARDEN FL 34787	1.4 CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	OD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	MESSNER, HENRY H	2.2 NAME	
STREET ADDRESS	8417 LONMAN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818	2.4 CITY-ST-ZIP	
TITLE	OD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	MOSS, HERBERT	3.2 NAME	
STREET ADDRESS	553 PALM DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL 34787	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 David L. Carlson DATE 2/26/98

CR2E037 (10/97)