


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000001509

1. Entity Name
THE NEW CHURCH OF GOD, PROPHETIC, INC.



FILED

05 SEP -6 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12045 S.E. C.R. 484
BELLEVIEW, FL 34420

Mailing Address
12045 S.E. C.R. 484
BELLEVIEW, FL 34420



2. Principal Place of Business
Suite, Apt. #, etc.
427 W/Vine st

3. Mailing Address
the New church of God prophetic inc
Suite, Apt. #, etc.
P.O. Box 420985

08292005 Chg-NP CR2E037 (10/03)

City & State
Kissimmee, FL

City & State
Kissimmee, FL

Zip
34741

Country
OSCOOLA

Zip
34742

Country
OSCOOLA

4. FEI Number
APPLIED FOR 59-3743542

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBLES, RAMILO
16691 SW 21ST AVE. RD.
OCALA, FL 34473

7. Name and Address of New Registered Agent

Name
FRANCISCO CASTRO

Street Address (P.O. Box Number is Not Acceptable)
1820 Hughey st

City, FL Zip Code
Kissimmee FL 34741

8. 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 am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 7, 2005

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	B MEDINA, JOSE OFICINA CENTRAL BUZON, 766 DAGUAS NAGUABO, PR 34473, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	B ROBLES, RAMILO 16691 SW 21ST AVE. RD. OCALA, FL 34473 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. FRANCISCO CASTRO <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1820 Hughey st Kissimmee, FL. 34741
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GARMEN CASTRO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1820 Hughey st Kissimmee, FL. 34741
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600059794266 09/20/05--01059--013 **\$8.50
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 the receiver 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #