


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90011 008 ****75.00

DOCUMENT # N00000003439
1. Entity Name
COCONUT GROVE CHURCH OF GOD OF PROPHECY, INC.



Principal Place of Business Mailing Address
DAVID ROBINSON **CHURCH OF GOD OF THE PROPHECY**
308 NW 10TH ST **308 NW 10TH ST**
HALLANDALE FL 33009 **HALLANDALE FL 33009**

2. Principal Place of Business 3. Mailing Address
Coconut Grove Church of God of Prophecy INC **DAVID ROBINSON**
3655 Grand Avenue **4230 N.W. 191 ST**
 City & State City & State
Coconut Grove, Florida **OPA LOCKA**
 Zip Country Zip Country
33133 U.S.A. **33055 DADE**



MOORE CR2E037 (4/04)

6. Name and Address of Current Registered Agent
ROBINSON, DAVID
308 NW 10TH ST
HALLANDALE FL 33009

4. FEI Number **65-0741405** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name **DAVID ROBINSON**
 Street Address (P.O. Box Number is Not Acceptable)
4230 N.W. 191 ST
OPA LOCKA
 City **FL** Zip Code **33055**

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 *David Robinson* DATE **7-27-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

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	D	<input type="checkbox"/> Delete
NAME	ROBINSON, DAVID	
STREET ADDRESS	308 NW 10TH ST	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, MYRTLE	
STREET ADDRESS	3150 MUNDY ST #509	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	BODIE, GRANVILLE	
STREET ADDRESS	3120 NEW YORK ST	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID ROBINSON	
STREET ADDRESS	4230 N.W. 191 ST OPA LOCKA FL	
CITY-ST-ZIP	Registered Agent 33055	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTAVIUS - HOWELL	
STREET ADDRESS	3490 - WILLIAMS - ST	
CITY-ST-ZIP	MIAMI - 2A 33133	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kewette - Wells	
STREET ADDRESS	3490 - WILLIAMS ST	
CITY-ST-ZIP	MIAMI - 2A - 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *David Robinson* DATE: **7-27-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #