

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

02-17-2006 90073 039 ****66.25

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1st MOORE CR2E037 (10/05)

DOCUMENT # N00000003439 1. Entity Name COCONUT GROVE CHURCH OF GOD OF PROPHECY, INC.			
Principal Place of Business COCONUT GROVE CHURCH OF PROPHECY, INC DAVID ROBINSON 3655 GRAND AVENUE COCONUT GROVE FL 33133		Mailing Address 4230 N.W. 191ST OPA LOCKA FL 33055	
2. Principal Place of Business 3655 GRAND AVE Suite, Apt. #, etc.		3. Mailing Address 4230 NW 191 ST Suite, Apt. #, etc.	
City & State COCONUT GROVE, MIAMI		City & State OPA LOCKA - FLA	
Zip 33133		Zip 33055	
Country FLA		Country FLA	
4. FEI Number 65-0741405		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROBINSON, DAVID 4230 N.W. 191ST OPA-LOCKA-FL 33055		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NONE City FL Zip Code	
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 <i>David Robinson</i> <small>Signature, typed or printed name of registration agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, DAVID - <i>President</i> <input checked="" type="checkbox"/> Delete 4230 N.W. 191ST OPA LOCKA 72 45% OWNER OPA LOCKA FL 33055	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>DIS - DAVID ROBINSON</i> 4230 N.W. 191ST OPA-LOCKA FL 33055 <i>President 45% OWNER</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, ANTAVIUS <input checked="" type="checkbox"/> Delete 3490 WILLIAMS ST MIAMI FL 33133 <i>Trustee</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>SAME</i> <i>HOWELL - ANTAVIUS - Trustee</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, KEVETTE <input checked="" type="checkbox"/> Delete 3490 WILLIAMS ST MIAMI FL 33133 <i>Trustee</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>SAME</i> <i>WELLS - Kevette Trustee</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Section 119, 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: <i>David Robinson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			