


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000003439 1. Entity Name COCONUT GROVE CHURCH OF GOD OF PROPHECY, INC.	
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Principal Place of Business 3655 GRAND AVE COCONUT GROVE FL 33133	Mailing Address 4230 NW 191ST ST OPA LOCKA FL 33055
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2. Principal Place of Business - No P.O. Box # 3655 GRAND Suite, Apt. #, etc.	3. Mailing Address 4230 N.W. 191 ST Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State COCONUT GROVE FL	City & State OPA LOCKA, FLA	4. FEI Number 65-0741405	Applied For <input type="checkbox"/> Not Applicable
Zip 33133	Country DADE	Zip 33055	Country DADE

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) City FL Zip Code
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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 *BIS David Robinson* DATE *2-4-07*

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P ROBINSON, DAVID 4230 N.W. 191ST OPALOCKA 72 OPA LOCKA FL 33055	<input type="checkbox"/>
TITLE	T HOWELL, ANTAVIUS 3490 WILLIAMS ST MIAMI FL 33133	<input checked="" type="checkbox"/>
TITLE	T WELLS, KEVETTE 3490 WILLIAMS ST MIAMI FL 33133	<input checked="" type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	U000000626423 02/15/07-80021-003 70.00	<input type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>

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: *David Robinson* DATE: *2-4-07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR