

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N02000001231

1. Entity Name

THE CHURCH OF GOD OF PROPHECY STATE OFFICES  
IN FLORIDA, INC.



FILED

Jan 27, 2005 08:00 AM  
Secretary of State

Principal Place of Business

855 SOUTH DILLARD STREET  
WINTER GARDEN FL 34787

Mailing Address

POST OFFICE BOX 783156  
WINTER GARDEN FL 34778-3156

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

75-3010465

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

LEIGH, RICHARD A  
1031 W MORSE BLVD  
SUITE 350  
WINTER PARK FL 32789

Name

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

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

Printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 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

## 11.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

NAME: PD DOTSON, L J  
STREET ADDRESS: POST OFFICE BOX 783156  
CITY, ST, ZIP: WINTER GARDEN FL 34778-3156

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

000000195978  
01/28/05-80008-010 61.25

Change  Addition

NAME: D MILLER, LARRY  
STREET ADDRESS: 24165 DAN BROWN HILL ROAD  
CITY, ST, ZIP: BROOKSVILLE FL 34602

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

Change  Addition

NAME: D DAVIS, WILLIE  
STREET ADDRESS: POST OFFICE BOX 680634  
CITY, ST, ZIP: WINTER GARDEN FL 34787

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

Change  Addition

NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

Change  Addition

NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

Change  Addition

NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

Change  Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-05

407-877-0233

Date

Daytime Phone #