

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90122 036 ****61.25

DOCUMENT # N02000005627 1. Entity Name CHURCH OF GOD OF PROPHECY WHOLE WORLD GOSPEL CENTER, INC.					
Principal Place of Business 2509 ELM AVE SANFORD, FL 32773			Mailing Address 2509 ELM AVE SANFORD, FL 32773		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 32-0027617				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVY, VICKI K LEVY & ASSOCIATES, PA 3595 W. LAKE MARY BLVD. SUITE 5-C LAKE MARY, FL 32746			7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE	☐ Change ☐ Addition	
NAME	BUTCHER, J. GORDON		NAME		
STREET ADDRESS	1606 MAGNOLIA AVNUE		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE	SD		TITLE	☐ Change ☐ Addition	
NAME	WITHEROW, WILLIAM T		NAME		
STREET ADDRESS	515 LAKEFRONT BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	TD		TITLE	☐ Change ☐ Addition	
NAME	KINARD, BOBBY		NAME		
STREET ADDRESS	823 CATALINA DR		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE	D		TITLE	☐ Change ☐ Addition	
NAME	HARRIS, THOMAS C		NAME		
STREET ADDRESS	2508 ELM AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32773		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☒ Addition	
NAME			NAME	GALLOW, GREG	
STREET ADDRESS			STREET ADDRESS	600 TABATHA DR	
CITY-ST-ZIP			CITY-ST-ZIP	OSTEEN, FL 32764	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Thomas C. Harris, Pastor SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			April 30, 2005 Date		
			407 330 5135 Daytime Phone #		