

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2008 08:00 AM**  
**Secretary of State**

**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**



06032008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>32-0027617</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**LEVY, VICKI K  
LEVY & ASSOCIATES OF CENTRAL FLA, P.A.  
1732 N. RONALD REAGAN BLVD.  
LONGWOOD, FL 32750**

**DO NOT WRITE  
IN THIS SPACE**

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 renating) DATE

**Filing Fee is \$81.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000952824  
06/05/08-80003-027 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTCHER, J. GORDON 1606 MAGNOLIA AVNUE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WITHEROW, WILLIAM T 515 LAKEFRONT BOULEVARD WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KINARD, BOBBY 823 CATALINA DR SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, THOMAS C 2508 ELM AVENUE SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLOW, GREG 600 TABATHA DR OSTEEN, FL 32764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Thomas C. Harris  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 30, 2008 407 330 5135  
Date Daytime Phone #