2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005627

FILED Apr 22, 2009 Secretary of State

Entity Name: CHURCH OF GOD OF PROPHECY WHOLE WORLD GOSPEL CENTER, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
2509 ELM SANFOR[1 AVE D, FL 32773				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
2509 ELM SANFORI	1 AVE D, FL 32773				
FEI Number	r: 32-0027617	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
1732 N. R LONGWC	SSOCIATES C CONALD REAC OOD, FL 32750) US	urnace of changing its registant	and office as registered agent as both	
	te of Florida.	submits this statement for the pr	irpose of changing its register	ed office or registered agent, or both,	
SIGNATU	IRE:				
	Electro	nic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	PD (BUTCHER, J.) Delete GORDON	Title: Name:	() Change () Addition	
Address:	1606 MAGNOI SANFORD, FL		Address: City-St-Zip:		
Address: City-St-Zip: Title: Name: Address:	SANFORD, FL SD (WITHEROW, V	32771) Delete WILLIAM T INT BOULEVARD		() Change () Addition	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip:	SANFORD, FL SD (WITHEROW, V 515 LAKEFRO WINTER PARI	32771) Delete WILLIAM T INT BOULEVARD (, FL 32789) Delete BY	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	SANFORD, FL SD (WITHEROW, V 515 LAKEFRO WINTER PARI TD (KINARD, BOB 823 CATALINA SANFORD, FL	32771) Delete WILLIAM T NT BOULEVARD C, FL 32789) Delete BY A DR 32771) Delete MAS C ENUE	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	• • •	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS C. HARRIS REV. 04/22/2009