

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # N02000006748

1. Entity Name
THE BIBLE CHURCH OF GOD OF PROPHECY, INC.



Principal Place of Business

**4210 S. UNIVERSITY DR
DAVIE, FL 33328**

Mailing Address

**4210 S. UNIVERSITY DR
DAVIE, FL 33328**

DO NOT WRITE IN THIS SPACE



04132005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
20-0002163

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, WINSTON
8730 NW 19TH STREET
PEMBROKE PINES, FL 33024**

**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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ED
WILLIAM, WINSTON
8730 NW 19TH STREET
PEMBROKE PINES, FL 33024**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ED
WILLIAM, JOYCE
8730 NW 19TH STREET
PEMBROKE PINES, FL 33024**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ED
WILLIAM, DESRENE
8730 NW 19TH STREET
PEMBROKE PINES, FL 33024**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MCFARLANE, MENORA
117 NW 49TH AVE
PLANTATION, FL 33317**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000310972
04/18/05-80025-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Winston L. Williams 4/13/5 954-433-8512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #