

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006748

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** THE BIBLE CHURCH OF GOD OF PROPHECY, INC.

**Current Principal Place of Business:**

4210 S. UNIVERSITY DR  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

4210 S. UNIVERSITY DR  
DAVIE, FL 33328

**New Mailing Address:**

**FEI Number:** 20-0002163      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: ED      ( ) Delete  
Name: WILLIAM, WINSTON  
Address: 8730 NW 19TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: ED      ( ) Delete  
Name: WILLIAM, JOYCE  
Address: 8730 NW 19TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: ED      ( ) Delete  
Name: WILLIAM, DESRENE  
Address: 8730 NW 19TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D      ( ) Delete  
Name: MCFARLANE, MENORA  
Address: 117 NW 49TH AVE  
City-St-Zip: PLANTATION, FL 33317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WINSTON WILLIAMS

ED

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date