# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 24, 2009**
**Secretary of State**

DOCUMENT# N02000006769

**Entity Name:** THE CHURCH OF GOD OF PROPHECY IN PALATKA, FLORIDA, INC.

**Current Principal Place of Business:**

6727 CRILL AVENUE
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

6727 CRILL AVENUE
PALATKA, FL 32177

**New Mailing Address:**

**FEI Number: 59-3097101** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SMITH, ROBERT D
6727 CRILL AVENUE
PALATKA, FL 32177 US

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

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: PD ( ) Delete
Name: SMITH, ROBERT D
Address: 6727 CRILL AVENUE
City-St-Zip: PALATKA, FL 321773977

Title: ST ( ) Delete
Name: MCNEAL, LINDA
Address: 6727 CRILL AVENUE
City-St-Zip: PALATKA, FL 321773977

Title: T ( ) Delete
Name: BAGGET, ALAN
Address: 6727 CRILL AVE.
City-St-Zip: PALATKA, FL 321773977

Title: T ( ) Delete
Name: THOMAS, TRAVIS S
Address: 6727 CRILL AVE.
City-St-Zip: PALATKA, FL 321773977

**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 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: LINDA MCNEAL ST 03/24/2009

Electronic Signature of Signing Officer or Director — Date