

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007257

FILED  
Apr 04, 2005  
Secretary of State

**Entity Name:** PRINCE OF WELLBEING APOSTOLIC PROPHETIC CHURCH INC.

**Current Principal Place of Business:**

4515 OLIVE AVE  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

**Current Mailing Address:**

4515 OLIVE AVE  
SARASOTA, FL 34231

**New Mailing Address:**

**FEI Number:** 45-0464826      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

DE CASTRO, EDUARDO F  
4515 OLIVE AVE  
SARASOTA, FL 34231 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: P ( ) Delete  
Name: DE CASTRO, EDUARDO F  
Address: 4515 OLIVE AVE  
City-St-Zip: SARASOTA, FL 34231 US

Title: VP/T ( ) Delete  
Name: DE CASTRO, CAROLE P  
Address: 4515 OLIVE AVE  
City-St-Zip: SARASOTA, FL 34231 US

Title: D ( ) Delete  
Name: GERHART, NORMA Y  
Address: 206 LANNES WEST DRIVE  
City-St-Zip: KILLEN, AL 35645 US

Title: D ( ) Delete  
Name: HOFER, GORDON C  
Address: 7430 E. GRANITEVIEW  
City-St-Zip: PRESCOTT VALLEY, AZ 86314 US

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

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

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

Title: D (X) Change ( ) Addition  
Name: REEDER, WILLIAM G  
Address: 7920 SUGAR PINE BLVD  
City-St-Zip: LAKELAND, FL 33810 US

Title: D (X) Change ( ) Addition  
Name: HOFER, GORDON C  
Address: 514 BISON AVENUE  
City-St-Zip: WRIGHT, WY 82732 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDUARDO F. DE CASTRO

P

04/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date