

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 08:00 A.**  
**Secretary of State**

**DOCUMENT # N04000000987**

Entity Name  
**WORLD RESOLUTION OUTREACH CENTER CHURCH  
OF GOD INC.**



Principal Place of Business  
**POST OFFICE BOX 633  
REDDICK, FL 32686**

Mailing Address  
**POST OFFICE BOX 633  
REDDICK, FL 32686**



03062006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**54-2144224**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SINGLETON, MELINDA  
11881 SE MARICAMP ROAD  
OCALA, FL 34472**

**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 Melinda Singleton **REGISTERED AGENT 04-23-06** →

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, 2006**

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  
**CEO  
BREWSTER, TEPHOLIS N BISHOP  
POST OFFICE BOX 633  
REDDICK, FL 32686**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BREWSTER, ETHEL R  
2925 NW 157TH PL  
RITRA, FL 32113**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SINGLETON, MELINDA  
11881 SE MARICAMP ROAD  
OCALA, FL 34472**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DAVIS, FELICIA  
309 BAHIA CIRCLE  
OCALA, FL 34472**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DAVIS, DARNEY  
309 BAHIA CIRCLE  
OCALA, FL 34472**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000562968  
05/20/06-80033-016 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

Melinda Singleton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-23-06 (652) 687-2543**

Date

Daytime Phone #