

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000000987</b>	
1. Entity Name <b>WORLD RESOLUTION OUTREACH CENTER CHURCH OF GOD INC.</b>	
Principal Place of Business <b>POST OFFICE BOX 633 REDDICK, FL 32686</b>	Mailing Address <b>POST OFFICE BOX 633 REDDICK, FL 32686</b>



01312007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>54-2144224</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SINGLETON, MELINDA 11881 SE MARICAMP ROAD OCALA, FL 34472</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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	

U000000725236  
05/03/07-80014-007 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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TEPHOLIS BREWSTER**

**4/14/07 352)487-2643**  
Date Outgoing Phone #