

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000005362

1. Entity Name
BOYNTON BEACH CHURCH OF GOD OF PROPHECY
CORP



Principal Place of Business
500 E GULFSTREAM BLVD
BOYNTON BCH, FL 33426

Mailing Address
500 E GULFSTREAM BLVD
BOYNTON BCH, FL 33426

2. Principal Place of Business

3. Mailing Address

1250 S.W. 10th Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Deerfield Bch FL

Zip

Country

Zip

Country

33441

Barbardi

01102006 REIN-NP

CR2E099 (11/05)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANCIS, SIMON
1250 SW 10TH TERR
DEERFIELD BCH, FL 33441

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Francis Simon

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/2006

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME FRANCIS, SIMON
STREET ADDRESS 1250 S.W. 10TH TERRACE
CITY-ST-ZIP DEERFIELD BCH, FL 33441 ☐ Delete

TITLE P
NAME LEWIS, LINCOLN
STREET ADDRESS 2058 PINEHAIR ST DR
CITY-ST-ZIP W PALM BCH, FL 33407 ☐ Delete

TITLE D
NAME ROBINSON, DWANE
STREET ADDRESS 207 LIBERTY CT
CITY-ST-ZIP DEERFIELD BCH, FL 33442 ☐ Delete

TITLE P
NAME WHITELY, IONA
STREET ADDRESS 6006 TRIPHAMMER RD
CITY-ST-ZIP LAKEWORTH, FL 33463 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Francis Simon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/2006

FILED
06 JAN 17 PM 12:40
TALLAHASSEE, FLORIDA



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01/20/06--01037--001 **122.50
REINSTATEMENT 05-06
E Roberts JAN 20 2006