

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

**FILED**  
**Jul 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000011925**

1. Entity Name  
**21ST STREET CHURCH OF GOD OF PROPHECY, INC.**



Principal Place of Business  
**1920 W. 21ST ST.  
JACKSONVILLE, FL 32209**

Mailing Address  
**1920 W. 21ST ST.  
JACKSONVILLE, FL 32209**

**DO NOT WRITE IN THIS SPACE**



07032006 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

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

**DAVIS, RAYMOND E BISHOP  
6126 PETTIFORD DR.  
JACKSONVILLE, FL 32209**

**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

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 September 8, 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  
**PT  
DAVIS, RAYMOND E BISHOP  
6126 PETTIFORD DR.  
JACKSONVILLE, FL 32209**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
LEMONS, HAROLD  
9630 SPOTTSWOOD RD.  
JACKSONVILLE, FL 32208**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
HERRON, WILLIAM  
4451 FLINTSHIRE RD.  
JACKSONVILLE, FL 32208**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
WILLIS, JOHN  
7850 CAXTON CT.  
JACKSONVILLE, FL 32208**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000567998  
07/06/06-80004-004 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:** *Sandra Willis* *Sandra Willis, Clerk* *7/3/06* *(904)633-8250*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #