


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State

04-25-2007 90184 043 ****61.25

DOCUMENT # N05000003276 1. Entity Name PROPHECY CHURCH OF GRACE, INC.			
Principal Place of Business 419 BRONSON ST. PALATKA FL 32177		Mailing Address 419 BRONSON ST. PALATKA FL 32177	
2. Principal Place of Business - No P.O. Box # 419 Bronson St		3. Mailing Address 419 Bronson St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palatka Fla		City & State Palatka Fla	
4. FEI Number 03-0583899		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUCAS, ROBERT 419 BRONSON ST. PALATKA FL 32177		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bishop, President LUCAS, ROBERT 419 BRONSON ST. PALATKA FL 32177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUCAS, MATTIE Secretary 419 BRONSON ST. Vice President PALATKA FL 32177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUNNINGHAM, SUSIE Treasurer 5425 NW 21ST ST. GAINESVILLE FL 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CUNNINGHAM-CLARK, ANNA 11733 PRIMROSE LN TAMPA FL 33637 Accy Secretary	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WYTE R. LUCAS Dealer 419 Bronson St. AC. Palatka FL 32177 Treasurer	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Bishop Robert Lucas - Robert Luc.45		4-18-07 386-325-9605	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	