

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90032 030 ****70.00

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|--|---|---|--|--|--|
| DOCUMENT # N05000005018 1. Entity Name CHURCH OF GOD OF PROPHECY, INC., HERNANDO | | | | | |
| Principal Place of Business 15444 WISCON ROAD BROOKSVILLE, FL 34601 | | | | Mailing Address 5384 FROST ROAD SPRING HILL, FL 34606 | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address 15444 Wiscon Rd Suite, Apt. #, etc. | | | |
| City & State Zip | | City & State Brooksville, FL Zip 34601 | | Country USA | |
| 4. FEI Number NOT APPLICABLE | | | | 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 WOOD, JERRY D PASTOR 5384 FROST ROAD SPRING HILL, FL 34606 | | | 7. Name and Address of New Registered Agent Name House, Charles W Street Address (P.O. Box Number is Not Acceptable) 15444 Wiscon Rd City Brooksville FL Zip Code 34601 | | |
| 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 <u>Charles W. House</u> 7/22/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 12, 2008 | | 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 WOOD, JERRY D PASTOR 5384 FROST ROAD SPRING HILL, FL 34606 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P House, Charles W 15444 Wiscon Rd Brooksville, FL 34601 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BARNES, ERIC BISHOP 12088 SPRING HILL DRIVE SPRING HILL, FL 34609 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WINSTON, WESCOTT 2245 RING ROAD SPRING HILL, FL 34609 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Wescott, Winston 2245 Ring Rd Spring Hill, FL 34609 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T RICHARD, METHANY 6439 LANDOVER BLVD. SPRING HILL, FL 34608 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Matheny, Richard 9681 Southern Charm Circle Brooksville, FL 34613 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PACE, CHARLIE 2016 ALAMEDA DRIVE SPRING HILL, FL 34609 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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 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: <u>Charles W. House</u> Charles W. House 7/22/08 352-799-3666 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |