

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003885

FILED  
Feb 14, 2009  
Secretary of State

**Entity Name:** CHURCH OF GOD OF PROPHECY, NICEVILLE WORSHIP CENTER, INC.

**Current Principal Place of Business:**

410 CEDAR AVENUE  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

6128 OLD HICKORY ROAD  
CRESTVIEW, FL 32539

**New Mailing Address:**

FEI Number: 59-2701751

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NESTER, WILLIAM C JR.  
1265 MAPOLES STREET  
CRESTVIEW, FL 32536 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NESTER, WILLIAM C JR.  
Address: 1265 MAPOLES STREET  
City-St-Zip: CRESTVIEW, FL 32536

Title: TD ( ) Delete  
Name: MILLER, CHRIS A  
Address: 207 DEER STREET  
City-St-Zip: NICEVILLE, FL 32578

Title: SD ( ) Delete  
Name: HUMPHREY, GARY E  
Address: 6128 OLD HICKORY ROAD  
City-St-Zip: CRESTVIEW, FL 32539

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: MILLER, CHRIS A  
Address: 337 EDGE STREET  
City-St-Zip: VALPARASIO, FL 32580

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C. NESTER JR.

PD

02/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date