

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008
Secretary of State

DOCUMENT# N06000006171

Entity Name: GLORIOUS CHURCH OF GOD OF PROPHECY, INC.

Current Principal Place of Business:

2646 FORD ST.
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

2646 FORD ST.
FORT MYERS, FL 33916

New Mailing Address:

FEI Number: 20-4635670 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, RAYMOND
4305 12TH STREET WEST
LEHIGH ACRES, FL 33971 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: PT () Delete
Name: SIMON, RAYMOND
Address: 4305 12TH STREET WEST
City-St-Zip: LEHIGH ACRES, FL 33971

Title: ST () Delete
Name: PAUL, JEAN
Address: 1030 ALVIN AVENUE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: TT () Delete
Name: GOUDETTE, ROMAINE
Address: 4605 22ND STREET SW
City-St-Zip: LEHIGH ACRES, FL 33971

Title: T () Delete
Name: SANVAL, JEAN B
Address: 1680 PASSIAC AVENUE
City-St-Zip: FORT MYERS, FL 33901

Title: T () Delete
Name: CHERY, PAUL
Address: 2109 NW 6TH TERRACE
City-St-Zip: CAPE CORAL, FL 33933

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: T (X) Change () Addition
Name: SAINVAL, JEAN B
Address: 1680 PASSIAC AVENUE
City-St-Zip: FORT MYERS, FL 33901

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

Title: AST () Change (X) Addition
Name: AUGUSME, CARNES
Address: 4450 MEADE AVE
City-St-Zip: FORT MYERS, FL 33907

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: SIMON RAYMOND

PT

02/26/2008

Electronic Signature of Signing Officer or Director

Date