2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N06000007875

Entity Name: CHURCH OF GOD OF PROPHECY OF THE LAST DAYS, INC.

Current Principal Place of Business:

432 N. KIRKMAN RD
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

P O BOX 585043
ORLANDO, FL 328585043

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LAGUERRE, ALTES
432 N. KIRKMAN RD
ORLANDO, FL 32811 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: LAGUERRE, ALTES
Address: 4743 CEDAR VIEW RD
City-St-Zip: ORLANDO, FL 32811

Title: VT ( ) Delete
Name: REVANGILE, MAURICE
Address: 1945 GREYSTONE TRAIL
City-St-Zip: ORLANDO, FL 32818

Title: ST ( ) Delete
Name: JEROME, DOROTHY
Address: 2377 LOCKE AVE
City-St-Zip: ORLANDO, FL 32818

Title: TT ( ) Delete
Name: POLEXY, JOSEPH
Address: 1037 CLOVEREST RD
City-St-Zip: ORLANDO, FL 32811

Title: T ( ) Delete
Name: ONORE, ROBESTE
Address: 432 N. KIRKMAN RD
City-St-Zip: ORLANDO, FL 32811

Title: T ( ) Delete
Name: ARITUS, FANES
Address: 432 N. KIRKMAN RD
City-St-Zip: ORLANDO, FL 32811

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

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

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: DOROTHY JEROME ST 04/30/2007

Electronic Signature of Signing Officer or Director Date