

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011714

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** CHURCH OF GOD OF PROPHECY OF FERNANDINA BEACH, INC.

**Current Principal Place of Business:**

2712 S. 14TH STREET  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

2712 S. 14TH STREET  
FERNANDINA BEACH, FL 32034

**New Mailing Address:**

**FEI Number:** 20-5853866

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ENNIS, PATSY J PASTOR  
2712 S. 14TH STREET  
FERNANDINA BEACH, FL 32034 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: D ( ) Delete  
Name: WILLIAMS, CARL G  
Address: 1216 PLUM DRIVE EAST  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete  
Name: DAUGHTRY, STEPHEN  
Address: 76236 LONG POND LOOP  
City-St-Zip: YULEE, FL 32097

Title: D ( ) Delete  
Name: WHITE, STANLEY E  
Address: 1321 S. 3RD STREET  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: P ( ) Delete  
Name: ENNIS, PATSY J  
Address: 97258 DIAMOND STREET  
City-St-Zip: YULEE, FL 32097

Title: P ( ) Delete  
Name: ENNIS, ARMANEST W  
Address: 97258 DIAMOND STREET  
City-St-Zip: YULEE, FL 32097

Title: ST ( ) Delete  
Name: COLLINS, MARY L  
Address: POST OFFICE BOX 476  
City-St-Zip: KINGSLAND, GA 31548

**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: MARY L COLLINS

SECR

03/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date