2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Jul 17, 2008 8:00 am
Secretary of State
05-27-2008 90036 017 ****61.25

DOCUMENT # N07000009288

1. Entity Name

CHURCH OF GOD OF PROPHECY OF DELEON SPRINGS, INC.

Principal Place of Business	Mailing Address
4721 DUNDEE AVE. DELEON SPRINGS FL 32130	P.O. BOX 1477 DELEON SPRINGS FL 32130

000100J13

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 74-3234536 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GULLEDGE, LEON L. 1675 CAMP SOUTH MOON RD. ASTOR FL 32102	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	TP GULLEDGE, LEON L. Deceased 1675 CAMP S. MOON RD. 6-13-08 ASTOR FL 32102	☑ Delete Disregard	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TST Same GULLEDGE, GRACE R. 1675 CAMP S. MOON RD. ASTOR FL 32102	☑ Delete Disregard	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Same BAILEY, JOSEPHINE 354 W. MICHIGAN AVE. DELAND FL 32720	☑ Delete Disregard	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Same SCHOONOVER, BOBBIE J. 160 KATRINA ST. DELEON SPRINGS FL 32130	☑ Delete Disregard	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Leon L Gulledge 4-29-08 386-985-4240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — ~~386-747-9956~~ Daytime Phone #

Grace Gulledge 7-14-08 386-747-9956
Grace Gulledge