

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009288

FILED
Apr 11, 2009
Secretary of State

Entity Name: CHURCH OF GOD OF PROPHECY OF DELEON SPRINGS, INC.

Current Principal Place of Business:

4721 DUNDEE AVE.
DELEON SPRINGS, FL 32130

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1477
DELEON SPRINGS, FL 32130

New Mailing Address:

FEI Number: 74-3234536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GULLEDGE, LEON L.
1675 CAMP SOUTH MOON RD.
ASTOR, FL 32102 US

Name and Address of New Registered Agent:

GULLEDGE, GRACE R
10 HIGH RIDGE AVE.
DELEON SPRINGS, FL 32130 US

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: GRACE R GULLEDGE

04/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TST () Delete
Name: GULLEDGE, GRACE R.
Address: 1675 CAMP S. MOON RD.
City-St-Zip: ASTOR, FL 32102

Title: T () Delete
Name: BAILEY, JOSEPHINE
Address: 354 W. MICHIGAN AVE.
City-St-Zip: DELAND, FL 32720

Title: T () Delete
Name: SCHOONOVER, BOBBIE J.
Address: 160 KATRINA ST.
City-St-Zip: DELEON SPRINGS, FL 32130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TST (X) Change () Addition
Name: GULLEDGE, GRACE R.
Address: 10 HIGH RIDGE AVE
City-St-Zip: DELEON SPRINGS, FL 32130

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: GRACE R GULLEDGE

TST

04/11/2009

Electronic Signature of Signing Officer or Director

Date