2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N07000009573

Entity Name: CHURCH OF GOD OF PROPHECY OF OVIEDO, INC

Current Principal Place of Business:

496 SOUTH CENTRAL AVE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

PO BOX 621137
OVIEDO, FL 32762

New Mailing Address:

FEI Number: 59-2833836 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANGLIN, MICHAEL
4655 ANGUILA PLACE
ORLANDO, FL 32826 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: P ( ) Delete
Name: VERNON, NYLE TRUSTEE
Address: 528 ROYAL TREE LANE
City-St-Zip: OVIEDO, FL 32765

Title: ST ( ) Delete
Name: TEEL, JULIE TRUSTEE
Address: 1051 WILD PINE RD
City-St-Zip: MIMS, FL 32754

Title: T ( ) Delete
Name: TEEL, WES
Address: 1051 WILD PINE RD
City-St-Zip: MIMS, FL 32754

Title: T ( ) Delete
Name: BARNES, LOFTON
Address: 287 MAGNOLIA PARK TRAIL
City-St-Zip: SANFORD, FL 32773

Title: T ( ) Delete
Name: ANGLIN, MICHAEL
Address: 4655 ANGUILA PLACE
City-St-Zip: ORLANDO, FL 32826

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:

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: NYLE T. VERNON P 01/05/2009

Electronic Signature of Signing Officer or Director — Date