

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003035

FILED
Feb 17, 2009
Secretary of State

Entity Name: CHURCH OF GOD OF PROPHECY OF DADE CITY, INC.

Current Principal Place of Business:

38145 BLACKBIRD LN
ZEPHYRHILLS, FL 33540

New Principal Place of Business:

Current Mailing Address:

38145 BLACKBIRD LN
ZEPHYRHILLS, FL 33540

New Mailing Address:

FEI Number: 90-0356422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAMSA, STEVE
38145 BLACKBIRD LN
ZEPHYRHILLS, FL 33540 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: PD () Delete
Name: DAMSA, STEVE
Address: 38145 BLACKBIRD LN
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: SD () Delete
Name: FLANNERY, PATRICK
Address: 13636 23RD ST.
City-St-Zip: DADE CITY, FL 33525

Title: TD () Delete
Name: REEVES, LARRY
Address: 12835 HOBBS RD
City-St-Zip: DADE CITY, FL 33525

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:

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: STEVE DAMSA

PD

02/17/2009

Electronic Signature of Signing Officer or Director

Date