

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003841

FILED
Apr 27, 2009
Secretary of State

Entity Name: CHURCH OF GOD OF PROPHECY BELLE GLADE MINISTRIES INC.

Current Principal Place of Business:

600 E AVE A
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1928
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

McFARLANE, NOEL
926 2ND STREET
LAKE PARK, FL 33403 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: MCFARLANE, NOEL
Address: 926 2ND STREET
City-St-Zip: LAKE PARK, FL 33403

Title: T () Delete
Name: CODRINGTON, JOCELYN
Address: 151 SEVILLA AVE
City-St-Zip: ROYAL PALM BEACH, FL

Title: S () Delete
Name: MORRIS, ALBERTINA
Address: 17411 W SYCAMORE DR.
City-St-Zip: LOXAHATCHEE, FL 33470

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: NOEL MCFARLANE

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date