

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48410

FILED
Jun 15, 2009
Secretary of State

Entity Name: TRUE FAITH CHURCH OF GOD OF PROPHECY INC.

Current Principal Place of Business:

532 46TH STREET
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

532 46TH STREET
WEST PALM BEACH, FL 334072934 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WRIGHT, DORIS
532 46TH STREET
WEST PALM BEACH, FL 334075017 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WRIGHT, DORIS
Address: 532 46TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DVP () Delete
Name: LEITNER, CLARICE
Address: 2146 CHAGALL CIRCLE
City-St-Zip: W PALM BEACH, FL 33409

Title: SD () Delete
Name: JOHNSON, ELSA
Address: 4324 LAKE LUCERINE CIR
City-St-Zip: WEST PALM BEACH, FL 33409

Title: T () Delete
Name: JOHNSON, WINSTON
Address: 4324 LAKE LUCERINE CIR
City-St-Zip: WEST PALM BEACH, FL 33409

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: KERR, DONNA
Address: 831 HAWTHORNE DR.
City-St-Zip: LAKE PARK, FL 33403

Title: T (X) Change () Addition
Name: WRIGHT, SYRENA
Address: 710 45TH STREET
City-St-Zip: WEST PALM BEACH, FL 33409

Title: S (X) Change () Addition
Name: POOLE, JULENE
Address: 3009 S TERRACE DR.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Change (X) Addition
Name: MCKENZIE, EDWARD
Address: 2637 WESTGATE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33409

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: DORIS WRIGHT

PD

06/15/2009

Electronic Signature of Signing Officer or Director

Date