

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 06 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000000321 (8)**  
1. Corporation Name

**CHURCH OF GOD OF PROPHECY LIFE CENTRE INC.**

Principal Place of Business 535 KREFELD RD. NORTH WEST PALM BAY FL 32907 US	Mailing Address 353 KREFELD RD. NORTH WEST PALM BAY FL 32907 US
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3. Date Incorporated or Qualified <b>01/20/1995</b>	
4. FEI Number <b>59-3035205</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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**9. Name and Address of Current Registered Agent**

**WOLFE, LARRY**  
200-A JOHN KNOX RD.  
TALLAHASSEE FL

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DOUGLAS, SIDNEY BISHOP</b>
STREET ADDRESS	<b>353 KREFELD RD. N.W.</b>
CITY-ST-ZIP	<b>PALM BAY FL 32907</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>DOUGLAS, ELIZABETH</b>
STREET ADDRESS	<b>353 KREFELD RD. N.W.</b>
CITY-ST-ZIP	<b>PALM BAY FL 32907</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>VALENTINE, MICHAEL</b>
STREET ADDRESS	<b>422 PENEWOOD DRIVE NE</b>
CITY-ST-ZIP	<b>PALM BAY FL 32907</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D</b>
3.2 NAME	<b>NAOMIE DOREEN CROWDER</b>
3.3 STREET ADDRESS	<b>1402 AMADOR AVENUE NW</b>
3.4 CITY-ST-ZIP	<b>PALM BAY FL 32907</b>
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** SIDNEY DOUGLAS (Director) **407-9841243**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018671

CR2E037 (10/97)