2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 16, 2000 8:00 am Secretary of State DOCUMENT # N95000000321 1. Entity Name CHURCH OF GOD OF PROPHECY LIFE CENTRE INC. 02-16-2000 90089 001 \*\*\*\*\*8.75 02-16-2000 90089 002 \*\*\*\*61.25 Principal Place of Business Mailing Address 353 KREFELD RD. 535 KREFELD RD. NORTH WEST PALM BAY FL 32907 NORTH WEST PALM BAY FL 32907-1057  $\cup$   $\cup$   $\cup$   $\cup$   $\cup$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3035205 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WOLFE, LARRY 200-A JOHN KNOX RD. TALLAHASSEE FL City Zip Code F۱ 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE Change Addition NAME DOUGLAS, SIDNEY BISHOP NAME STREET ADDRESS STREET ADDRESS 353 KREFELD RD. N.W. CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 TITLE SD Delete ☐ Change ☐ Addition TITLE NAME DOUGLAS, ELIZABETH NAME STREET ADDRESS STREET ADDRESS 353 KREFELD RD. N.W. CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 Addition TITLE Delete TITLE ☐ Change CROWDER, NAOMIE DOREEN NAME NAME STREET ADDRESS STREET ADDRESS 1402 AMADOR AVENUE NW CITY-ST-78 CITY-ST-ZIP PALM BAY FL 32907 TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Detete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if

Jan 2 Jaco 407-984174

## CHURCH OF- GOD OF PROPHECY LIFE CENTRE INC.

353 Krefeld Road NW Palm Bay, FL 32907 Jagnuary 6, 2000

Ladies and Gentle men: Ducument # N9500000321

Ref; Block 4, FEl Number 59-3035205 Be advised the above FEl Number has been change to 59-3597165 Please apply to ducument. Thank you.

Sincerely

Sidney Douglas, Director.

PS

Please Send Certificate of States, Enclosed Chackfor \$8.75