

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90015 021 \*\*\*\*69.90

**DOCUMENT # N95000000321**

1. Entity Name  
**CHURCH OF GOD OF PROPHECY LIFE CENTRE INC.**

Principal Place of Business Mailing Address  
~~353 KREFELD RD. NW~~ **4587 First Street**  
~~PALM BAY FL 32907~~ **Grant**  
~~US~~ **FL 32909**

2. Principal Place of Business 3. Mailing Address  
**4587 First Street** **353 Krefeld Rd NW**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Church + House** **Palm Bay**  
 City & State City & State  
**Grant Florida** **Florida**

Zip Country Zip Country  
**32949** **Brevard** **32907** **Brevard**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3035205** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**DOUGLAS, SIDNEY**  
**353 KREFELD RD. NW**  
**PALM BAY FL 32907**

7. Name and Address of New Registered Agent  
 Name **Sidney Douglas**  
 Street Address (P.O. Box Number is Not Acceptable)  
**353 Krefeld Rd NW**  
**Palm Bay**  
 City **FL** Zip Code **32907**

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

**FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. 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 type="checkbox"/> Delete
NAME	<b>CROWDER, NAOMIE DOREEN</b>	
STREET ADDRESS	<b>1402 AMADOR AVENUE NW</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32907</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sidney Douglas* **2/4/2002** : **321-9841243**

CR2E037 (9/01)