

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90285 001 *****8.75
01-27-2003 90285 002 *****61.25

DOCUMENT # N95000000321

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



Principal Place of Business

**4587 FIRST STREET
GRANT FL 32949
US**

Mailing Address

**353 KREFELD RD. NW
PALM BAY FL 32907
US**

35002957



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3597165

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DOUGLAS, SIDNEY BISHOP**
STREET ADDRESS **353 KREFELD RD. N.W.**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **SD** ☐ Delete
NAME **DOUGLAS, ELIZABETH**
STREET ADDRESS **353 KREFELD RD. N.W.**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **D** ☐ Delete
NAME **CROWDER, NAOMIE DOREEN**
STREET ADDRESS **1402 AMADOR AVENUE NW**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED *Sidney Douglas, 321-9841243*

CR2E037 (10/02)