

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

DOCUMENT # **197000007218**  
 1. Entity Name **CHURCH OF GOD OF PROPHECY**  
**- Sunrise/Lauder Hill, Inc.**



**FILED**  
 06 APR 14 PM 2:20  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business **6210-20 IN OAKLAND**  
 Suite, Apt. #, etc. **S**  
 City & State **SUNRISE FL**  
 Zip **33313** Country **BROWARD**

3. Mailing Address **P.O. Box 190636**  
 Suite, Apt. #, etc.  
 City & State **SUNRISE, FL**  
 Zip **33319** Country **BROWARD**

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4. FEI Number **650802195** Applied For ☐ Not Applicable ☒  
 5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name **Rufus R. Rogers** (M. Shaw 2960 N.W. 44 Ave)  
 Street Address **315 Berenger Walk** Land-Lks. 33313  
 City **Royal Palm Bch** FL Zip Code **33414**

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 **Rufus R. Rogers**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
 DATE **4/6/06**

FEE IS \$61.25 Initial or Amended UBR  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>Rufus R. Rogers Pastor</b> <b>315 Berenger Walk</b> <b>Royal Palm Beach FL 33414</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Beverly Maguck Treasurer</b> <b>7350 N.W. 35 St</b> <b>Lauderhill FL 33319</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Iris Davis Walker Secy</b> <b>210 Hampton Blvd. # 113</b> <b>North Lauderdale FL 33068</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Rufus R. Rogers** Date **4/06/06**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)