2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 30, 2005 08:00 AM Secretary of State DOCUMENT # N99000003464 1. Entity Name THE CHURCH OF GOD OF PROPHECY - MIAMI NO. 1, Principal Place of Business Mailing Address 4528 N.W. FIRST AVE. MIAMI FL 33127 1801 N.W. 55TH TERRACE MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-2364979 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JONES, STEVEN L Street Address (P.O. Box Number is Not Acceptable) 9999 N.E. SECOND AVE., STE. 216 MIAMI SHORES FL 33138 Zip Code FL 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 \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. HILE Delete THE ☐ Change ☐ Addition DEAN, NOWARD E.C. NAME NAME 03/30/05-80050-014 70.00 2470 N.W. 108TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33176 CHY-ST-ZIP CITY-ST-7P TITLE ☐ Delete Change THE ☐ Addition DEAN, HERMAN E NAME 1801 N.W. 55TH TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33142 CITY-ST-ZIP CHY-ST-ZIP TITLE Delete Change ☐ Addition NOTTAGE, ORLANDO NAME NAME STREET ADDRESS 6945 N.W. 2ND COURT STREET ADDRESS CITY- ST-ZIP MIAMI FL 33150 CITY-ST-ZIP TITLE ☐ Delele Change ☐ Addition HANNA, NED NAME NAME 1360 N.W. 132ND ST. STREET ADDRESS STREET ADDRESS **MIAMI FL 33167** CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete ☐ Change ☐ Addition DEAN, ANNA I NAME NAME 1801 N.W. 55TH TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33142 CITY-ST-ZIP CHY-ST- NP TITLE ☐ Delete TITLE Change ☐ Addition SAMUDA, MELONIE NAME NAME 2470 N.W. 108TH ST. STREET ADDRESS STREET ADDRESS MIAMI FL 33142 CITY-ST-ZIP CITY-ST-20

12. 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.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

March 21, 2005

(305) 576-4992

Daytime Phone #

FILED