

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003464

FILED  
Jun 16, 2009  
Secretary of State

**Entity Name:** THE CHURCH OF GOD OF PROPHECY - MIAMI NO. 1, INC.

**Current Principal Place of Business:**

4528 N.W. FIRST AVE.  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

2470 NW 108TH ST  
MIAMI, FL 33167

**New Mailing Address:**

**FEI Number:** 59-2364979      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

JONES, STEVEN L  
9999 N.E. SECOND AVE., STE. 216  
MIAMI SHORES, FL 33138 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: DEAN, NOWARD E.C  
Address: 2470 N.W. 108TH STREET  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: DEAN, HERMAN E  
Address: 1801 N.W. 55TH TERRACE  
City-St-Zip: MIAMI, FL 33142

Title: T ( ) Delete  
Name: NOTTAGE, ORLANDO  
Address: 6945 N.W. 2ND COURT  
City-St-Zip: MIAMI, FL 33150

Title: T ( ) Delete  
Name: WILLIAMS, CLIFTON JR  
Address: 941 NW 181 ST  
City-St-Zip: MIAMI, FL 33169

Title: T ( ) Delete  
Name: DEAN, ANNA I  
Address: 1801 N.W. 55TH TERRACE  
City-St-Zip: MIAMI, FL 33142

Title: S ( ) Delete  
Name: SAMUDA, MELONIE  
Address: 18821 NE MIAMI PLACE  
City-St-Zip: MIAMI, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOWARD E. C. DEAN

MR.

06/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date