

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007875

**FILED**  
**Sep 17, 2018**  
**Secretary of State**  
**CC2768756228**

**Entity Name:** CHURCH OF GOD OF PROPHECY OF THE LAST DAYS, INC.

**Current Principal Place of Business:**

432 N. KIRKMAN RD  
ORLANDO, FL 32811

**Current Mailing Address:**

P O BOX 585087  
ORLANDO, FL 32858

**FEI Number: 03-0401708**

**Certificate of Status Desired: Yes**

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

LAGUERRE, ALTES  
432 N. KIRKMAN RD  
ORLANDO, FL 32811 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

**Officer/Director Detail :**

Title PT  
Name LAGUERRE, ALTES  
Address PO BOX 585087  
City-State-Zip: ORLANDO FL 32858

Title VT  
Name REVANGILE, MAURICE  
Address 1945 GREYSTONE TRAIL  
City-State-Zip: ORLANDO FL 32818

Title ST  
Name POLEXY, STANDLEY  
Address 1037 CLOVERCREST RD  
City-State-Zip: ORLANDO FL 32811

Title TT  
Name POLEXY, JOSEPH  
Address 1037 CLOVEREST RD  
City-State-Zip: ORLANDO FL 32811

Title T  
Name ARITUS, FANES  
Address 1919 N. HASTINGS STREET  
City-State-Zip: ORLANDO FL 32808

*I hereby 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 all other like empowered.*

**SIGNATURE: STANDLEY POLEXY**

**SECRETARY**

**09/17/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date