

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000002675

**Entity Name:** CHURCH OF GOD OF PROPHECY, NORTH PORT MISSION INC.**Current Principal Place of Business:**3050 PAN AMERICAN BLVD  
NORTH PORT , FL 34287**Current Mailing Address:**3373 LUTZ RD  
NORTH PORT, FL 34286 US**FEI Number:** 47-1093196**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PIERRE, MICHEL  
3373 LUTZ RD  
NORTH PORT, FL 34286 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:** MICHEL PIERRE

08/31/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PASTOR  
Name LOWERS, ELAINE  
Address 2917 TOLUCA TERRACE  
City-State-Zip: NORTH PORT FL 34286

Title SECRETARY  
Name STUBBS, PRINCESS  
Address PO BOX 7655  
City-State-Zip: NORTH PORT FL 34290

Title TREASURER  
Name HUNTER, SHIRLEY  
Address 3435 AVANTI CIRCLE  
City-State-Zip: NORTH PORT FL 34287

Title MEMBER  
Name CHERY, PAUL  
Address 3373 LUTZ RD  
City-State-Zip: NORTH PORT FL 34286

Title ASST. TREASURER  
Name PIERRE, MICHEL  
Address 3373 LUTZ RD  
City-State-Zip: NORTH PORT FL 34286

Title MEMBER  
Name LANEY, KEVIN  
Address 13409 JOHANNES AVE  
City-State-Zip: PORT CHARLOTTE FL 33953

Title MEMBER  
Name SIMPSON, KENNETH  
Address 3 PELTON CIRCLE  
City-State-Zip: PORT CHARLOTTE FL 33954

*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:** ELAINE LOWERS

PASTOR

08/31/2022

Electronic Signature of Signing Officer/Director Detail

Date