

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000006276



1. Entity Name

CHURCH OF GOD OF PROPHECY STATE CAMPGROUND, INC.

Principal Place of Business

Mailing Address

**24165 DAN BROWN HILL RD.
BROOKSVILLE FL 34602**

**P.O. BOX 783156
WINTER GARDEN FL 34778-3156**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

1st MOORE

CR2E037 (10/06)

4. FEI Number

32-0000425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEIGH, RICHARD A
1031 W MORSE BLVD STE 350
WINTER PARK FL 32789**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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-STATE-ZIP	PD DOTSON, L.J. 855 SOUTH DILLARD ST. WINTER GARDEN FL 34787	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD MILLER, LARRY 24165 DAN BROWN HILL RD. BROOKSVILLE FL 34602	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DAVIS, WILLIE P.O. BOX 680634 ORLANDO FL 32868-0634	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD BATES, SYLVIA 703 APRICOT DR. OCFEE FL 34761	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
	U000000605678 01/30/07-80044-020 61.25
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE: *Sylvia M Bates* **Sylvia M Bates** **1-23-07** **407.877.0733**