

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703317

1. Entity Name

CHURCH OF GOD OF PROPHECY OF WINTER GARDEN, INC.

Principal Place of Business

1320 S 9TH ST
WINTER GARDEN FL 34787
US

Mailing Address

1320 S 9TH ST
WINTER GARDEN FL 34787-4306
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2373483

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

PERRY, HARRY GREG

674 PALM AVE

WINTER GARDEN FL 34787

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.

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	OD	<input type="checkbox"/> Delete
NAME	PERRY, HARRY GREG	
STREET ADDRESS	674 PALM AVE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	OD	<input type="checkbox"/> Delete
NAME	MESSNER, HENRY H	
STREET ADDRESS	8417 LONMAN AVE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	OD	<input type="checkbox"/> Delete
NAME	MOSS, HERBERT	
STREET ADDRESS	553 PALM DRIVE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

PLEASE CORRECT SPELLING
MESSNER, HENRY H.
8417 LONMAN AVE
ORLANDO, FLA. 32818

12. I 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/00

Date

(407) 656-8668

Daytime Phone #

CR2E037 (9/99)