

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90202 049 \*\*\*\*61.25

**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

P O BOX 783141  
WINTER GARDEN FL 34787  
US

**55042423**

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  
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KINCAID, KENNETH C**  
**2309 EASTWICK ST.**  
**ORLANDO FL 32837**

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 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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **OD** ☒ Delete  
NAME **MESSER, HENRY H**  
STREET ADDRESS **8417 LONMAN AVE**  
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **OD** ☒ Delete  
NAME **MOSS, HERBERT**  
STREET ADDRESS **1000 GREGORY DR.**  
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **OD** ☐ Delete  
NAME **KINCAID, KENNETH C (Bishop)**  
STREET ADDRESS **2309 EASTWICK ST.**  
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **JULIAN LOCKHART** ☐ Delete  
NAME **JULIAN LOCKHART**  
STREET ADDRESS **645 QUEENSBURY LOOP**  
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE **DENNIS HALL** ☐ Delete  
NAME **DENNIS HALL**  
STREET ADDRESS **7267 HIAWASSEE OAKS DR.**  
CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **JULIAN LOCKHART (CLERK)** ☐ Change ☒ Addition  
NAME **JULIAN LOCKHART**  
STREET ADDRESS **645 QUEENSBURY LOOP**  
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE **DENNIS HALL (DEACON)** ☐ Change ☒ Addition  
NAME **DENNIS HALL**  
STREET ADDRESS **7267 HIAWASSEE OAKS DR.**  
CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE **JUDI KINCAID, PASTOR** ☐ Change ☒ Addition  
NAME **JUDI KINCAID**  
STREET ADDRESS **2309 EASTWICK ST.**  
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **KENNETH C. KINCAID** **4-14-03** **407-855-4399**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)