

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

FILED
Sep 02, 2003 8:00 am
Secretary of State

0005343

DOCUMENT # N02000000786

1. Entity Name

CHURCH OF GOD PROPHECY @ VERO BEACH, INC.



09-02-2003 90185 029 ****61.25

Principal Place of Business

**851 ARABIA RD. S.E.
PALM BAY FL 32909**

Mailing Address

**P.O. BOX 100672
PALM BAY FL 32910**

2. Principal Place of Business

1074 Lava St.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palm Bay FL

City & State

4. FEI Number

01-0578705

Applied For

Not Applicable

Zip

32909

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROLLE, JOSEPH W
1074 LAVA ST.
PALM BAY FL 32909**

7. Name and Address of New Registered Agent

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
After September 10, 2003, min will be \$236.25**

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	CPD	<input type="checkbox"/> Delete
NAME	ROLLE, JOSEPH W	
STREET ADDRESS	1074 LAVA ST.	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROLLE, CLARETHA	
STREET ADDRESS	1074 LAVA ST.	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OWENS, VALERIE	
STREET ADDRESS	871 QUANAH ST.	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROLLE, JONATHAN	
STREET ADDRESS	221 COCOA ST.	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWENS, KENNETH	
STREET ADDRESS	871 QUANAH ST.	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Owens, Valeria	
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
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: *Valeria Owens*

SIGNATURE REQUIRED

8/30/03

(321) 952-1342

CR2E037 (4/03)