

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N13996**

1. Entity Name

**WORD COVENANT CHURCH, INC.****FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90234 014 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**3919 NEW HAMPSHIRE  
ORLANDO FL 32808  
US****P.O. BOX 550152  
ORLANDO FL 32855  
US**

UBR13996



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2686700**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PRIOLEAU, JAMES  
4039 GAYNELL CT.  
ORLANDO FL 32805**

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	PD	<input type="checkbox"/> Delete
NAME	KELLY, ROGER C.	
STREET ADDRESS	6310 GAMBLE DR	
CITY-ST-ZIP	ORLANDO FL 32818	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, ANDRE	
STREET ADDRESS	122 GRAND JUNCTION BLVD	
CITY-ST-ZIP	ORLANDO FL 32835	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	PRIOLEAU, JAMES	
STREET ADDRESS	4039 GAY NELL COURT	
CITY-ST-ZIP	ORLANDO FL 32805	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, ROBERT	
STREET ADDRESS	6419 CANTERIEA AVE	
CITY-ST-ZIP	ORLANDO FL 32818	

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	HALL, ELRIC	
STREET ADDRESS	4722 MONTAUK ST	
CITY-ST-ZIP	ORLANDO FL 32808	

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

TITLE	S	<input type="checkbox"/> Delete
NAME	GUY, GERALYN	
STREET ADDRESS	1547 GLENHAVEN CIRCLE	
CITY-ST-ZIP	OCOE FL 34761	

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)