

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005532

1. Entity Name

CHURCH OF GOD OF PROPHECY OF ORLANDO, INCORPORAT

Principal Place of Business

2906 N PINE HILL RD.
ORLANDO FL 32808
US

Mailing Address

P.O. BOX 680486
ORLANDO FL 32868-0486
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

59-3216820

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

PETERS, JAMES
2627 COVENTRY LN.
OCOE FL 34761

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 JAMES PETERS
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

James Peters

3/10/00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	PETERS, JAMES	
STREET ADDRESS	2627 COVENTRY LANE	
CITY-ST-ZIP	OCOE FL 37461	
TITLE	T	<input type="checkbox"/> Delete
NAME	PETERS, IROSE	
STREET ADDRESS	2627 COVENTRY LANE	
CITY-ST-ZIP	OCOE FL 37461	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LAMEY, LESLIE	
STREET ADDRESS	6626 RICH COURT	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	T	<input type="checkbox"/> Delete
NAME	PETERS, GARY N	
STREET ADDRESS	3224 LOCKE AVE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	HUBERT ROSE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2627 COVENTRY LANE	
STREET ADDRESS	OCOE, FL 34761	
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:

James Peters REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90057 025 ****61.25



DO NOT WRITE IN THIS SPACE