

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005532

1. Entity Name

CHURCH OF GOD OF PROPHECY OF ORLANDO, INCORPORAT

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90487 041 ****61.25

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

2906 N PINE HILL RD
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 680486
Suite, Apt. #, etc.

City & State

ORLANDO, FL 32808

City & State

ORLANDO, FL

Zip

32808

Country

U.S.A

Zip

32868-0486

Country

U.S.A

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

PETERS, JAMES
2627 COVENTRY LN.
OCOE FL 34761

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.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BARNABY WEBSTER 2970 GREYNOLDS STREET DELTONA FL 32738-3131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT LAMEY, LESLIE 6626 RICH COURT ORLANDO FL 32818	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROSE, HUBERT 2627 COVENTRY LANE OCOE FL 34761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT LEACHMAN, YVETTE 5306 REGAL OAK CIRCLE ORLANDO FL 32810	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLACK, MARVIN 5931 SHOREBREEZE LANE ORLANDO FL 32810	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRISON, SAMUEL 5724 IBIZAN COURT ORLANDO FL 32810	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P James Peters 2627 Coventry Lane OCOE, FL 34761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Tanner Barton 2627 Coventry Lane OCOE, FL 34761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R Randy Baker 2627 Coventry Lane OCOE, FL 34761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3/5/01
Date

407/467-2090
Daytime Phone #

CR2E037 (10/00)