2001 UNIFORM BUSINESS REPORT (UBR) AMENDED

06-18-2001 90001 019 ****61.25
FILED N93000005532
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 28 AM 9:18

DOCUMENT # N93000005532

1. Entity Name

CHURCH OF GOD OF PROPHECY OF ORLANDO, INC.

Principal Place of Business	Mailing Address
2906 N. PINE HILLS ROAD ORLANDO, FL 32808 USA	2906 N. PINE HILLS ROAD ORLANDO, FL 32808 USA

2. Principal Place of Business	3. Mailing Address
2906 N. PINE HILLS ROAD	2906 N. PINE HILLS ROAD
Suite, Apt. #, etc:	Suite, Apt. #, etc:
City & State: ORLANDO, FLORIDA	City & State: ORLANDO, FLORIDA
Zip: 32808 Country: USA	Zip: 32808 Country: USA

DO NOT WRITE IN THIS SPACE

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
RICHARD A. LEIGH TRICKEL & LEIGH, P.A. 1801 LEE ROAD, SUITE 360 WINTER PARK, FLORIDA 32789	Name: RICHARD A. LEIGH Street Address (P.O. Box Number is Not Acceptable): TRICKEL & LEIGH, PA 1801 LEE ROAD, SUITE 360 City: WINTER PARK, FL Zip Code: 32789

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] 6- -01

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ROSE, HUBERT 2627 COVENTRY LANE OCOEE, FL 34761 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D WATSON, GARY 2239 MOUNTAIN SPRULE ST OCOEE, FL 24761 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PETERS, JAMES 2627 COVENTRY LANE OCOEE, FL 34761 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D BROWN, ERIC 1663 SWEETWATER WEST CIRCLE APOPKA, FL 32712 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BARTON, TANNETT 2627 COVENTRY LANE OCOEE, FL 34761 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D ROBINSON, PATRICIA 2711 ROSE MOSS LANE ORLANDO, FL 32807 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BAKER, RANDY 2627 COVENTRY LANE OCOEE, FL 34761 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D WILLIAMS, HILLARY 1814 RACHEL'S RIDGE LOOP OCOEE, FL 32761 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRISON, SAMUEL 5724 IBIZAN COURT ORLANDO, FL 32810 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 6-6-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #