

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

DOCUMENT # N97000003342

1. Entity Name

AFRICA TABERNACLE OF PROPHECY, INC.



Principal Place of Business

**1584 PALMSTONE DR.
APOPKA FL 32703**

Mailing Address

**1584 PALMSTONE DR.
APOPKA FL 32703**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEONARD, RICKY L
1584 PALMSTONE DRIVE
APOPKA FL 32703**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **LEONARD, RICKY L**
STREET ADDRESS **1584 PALMSTONE DRIVE**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VPST** ☐ Delete
NAME **LEONARD, JULIETTE R**
STREET ADDRESS **1584 PALMSTONE DRIVE**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete
NAME **BROWN, ANTHONY**
STREET ADDRESS **6434 CHERRY GROVE CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **CHAMBERS, RONNIE**
STREET ADDRESS **2851 W. LIVINGSTON STREET**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete
NAME **ENSLow, LEROY**
STREET ADDRESS **3060 MARY CHURCH STREET**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **WILLIAMS, DARRYL**
STREET ADDRESS **4231 PRINCE HALL BLVD.**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ricky L. Leonard **4-28-2003** **407-880-5550**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90234 030 ****61.25

10093421



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3451731**

Applied For

Not-Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/02)