## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PTD

NUGENT, MARK

**501 BEULAH ROAD** 

WINTER GARDEN FL



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Jan 23 1998 8:00am

Secretary of State

☐ Change

Addition

Secretary of State **DIVISION OF CORPORATIONS** 

## 1998 **DOCUMENT** # N97000004641 (3)

## KIRKMAN ROAD CHURCH OF GOD OF PROPHECY, INC.

Principal Place of Business Mailing Address 432 N. KIRKMAN ROAD P.O. BOX 617274 3. Date Incorporated or Qualified ORLANDO FL ORLANDO FL 32861 08/14/1997 4. FEI Number Applied For Not Applicable 2a. Mailing Address 2. Principal Place of Business \$8.75 Additional 26 21 Fee Required Suite, Apt. #. etc. Sulte, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes **№** No 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NUGENT, MARK 82 Street Address (P.O. Box Number is Not Acceptable) **501 BEULAH ROAD** WINTER GARDEN FL 84 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE DAVIS, COLIN NAME 1.2 NAME 6613 SWYEAR COURT STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-7IP 1.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE MILLER, ALBERT NAME 2.2 NAME 173 MERIDA DRIVE STREET ADDRESS 2.3 STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Addition Change TITLE 31 TITLE MOCK, RONALD 3.2 NAME **5032 BUTLER RIDGE DRIVE** STREET ADDRESS 3.3 STREET ADDRESS WINDERMERE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME **MULLENS, JOHN** 4. 2 NAME 12607 REAVES ROAD STREET ADDRESS 4.3 STREET ADDRESS WINTER GARDEN FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NASH, HERSCHEL NAME 5.2 NAME STREET ADDRESS 13213 LOBLOLLY LANE 5.3 STREET ADDRESS Clermont fl CITY-ST-ZIP 5.4 CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address. E. NUGENT 1/11/00

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. 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 annual report or supplemental annual 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

DELETE