


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90026 012 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000004641					
1. Corporation Name KIRKMAN ROAD CHURCH OF GOD OF PROPHECY, INC.					
Principal Place of Business 432 N. KIRKMAN ROAD ORLANDO FL			Mailing Address P.O. BOX 617274 ORLANDO FL 32861		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 08/14/1997	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3463823	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Zip 30			
9. Name and Address of Current Registered Agent NUGENT, MARK 501 BEULAH ROAD WINTER GARDEN FL				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 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)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<input checked="" type="checkbox"/> Tr	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MILLER, ALBERT			1.2 NAME			
STREET ADDRESS	173 MERIDA DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL			1.4 CITY-ST-ZIP			
TITLE	<input checked="" type="checkbox"/> Tr	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MOCK, RONALD			2.2 NAME			
STREET ADDRESS	5032 BUTLER RIDGE DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	WINDERMERE FL			2.4 CITY-ST-ZIP			
TITLE	<input checked="" type="checkbox"/> Tr	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MULLENS, JOHN			3.2 NAME			
STREET ADDRESS	12607 REAVES ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER GARDEN FL			3.4 CITY-ST-ZIP			
TITLE	<input checked="" type="checkbox"/> Tr	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NASH, HERSCHEL			4.2 NAME			
STREET ADDRESS	13213 LOBLOLLY LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	CLERMONT FL			4.4 CITY-ST-ZIP			
TITLE	<input checked="" type="checkbox"/> Tr	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NUGENT, MARK			5.2 NAME			
STREET ADDRESS	501 BEULAH ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER GARDEN FL			5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Nugent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/99
Date

407-237-5197
Daytime Phone #

407-654-1255

CR2E037 (1/98)