

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004641

1. Entity Name

KIRKMAN ROAD CHURCH OF GOD OF PROPHECY, INC.

Principal Place of Business

Mailing Address

432 N. KIRKMAN ROAD  
ORLANDO FL

P.O. BOX 617274  
ORLANDO FL 32861-7274

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3463823

Applied For

Not Applicable

5. Certificate of Status Desired ☒ E

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NUGENT, MARK  
501 BEULAH ROAD  
WINTER GARDEN FL

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 ☐ Delete  
NAME MILLER, ALBERT  
STREET ADDRESS 173 MERIDA DRIVE  
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ Delete  
NAME MOCK, RONALD  
STREET ADDRESS 5032 BUTLER RIDGE DRIVE  
CITY-ST-ZIP WINDERMERE FL

TITLE ☐ Delete  
NAME MULLENS, JOHN  
STREET ADDRESS 12607 REAVES ROAD  
CITY-ST-ZIP WINTER GARDEN FL

TITLE ☐ Delete  
NAME BRISSON, ANGELA  
STREET ADDRESS 2269 MENOMONEE CT.  
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ Delete  
NAME NUGENT, MARK  
STREET ADDRESS 501 BEULAH ROAD  
CITY-ST-ZIP WINTER GARDEN FL

TITLE ☐ Delete  
NAME TRUITT, IDA M  
STREET ADDRESS 4616 ROBBINS AVE  
CITY-ST-ZIP ORLANDO FL 32808

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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:

Mark Nugent, PRESIDENT

407-237-5197

1/24/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #