

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004641

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3463823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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 NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP
TR
MILLER, ALBERT
173 MERIDA DRIVE
KISSIMMEE FL

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP
TR
MOCK, RONALD
5032 BUTLER RIDGE DRIVE
WINDERMERE FL

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP
TR
MULLENS, JOHN
12807 REAVES ROAD
WINTER GARDEN FL

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP
TR
BRISSON, ANGELA
2269 MENOMONEE CT.
ORLANDO FL 32818

TITLE NAME ☒ Delete

STREET ADDRESS
CITY-ST-ZIP
P
NUGENT, MARK
501 BEULAH ROAD
WINTER GARDEN FL

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP
TR
TRUITT, IDA M
4616 ROBBINS AVE
ORLANDO FL 32808

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP
PRESIDENT / TR ☒ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

407-877-9813

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90421 049 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)