

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93591 032 ****61.25

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**

80122003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

7. Name and Address of New Registered Agent

**NUGENT, MARK
 501 BEULAH ROAD
 WINTER GARDEN FL**

Name **Flowers, Billy William R.**

Street Address (P.O. Box Number is Not Acceptable)
8823 Rose Hill Dr

City **ORLANDO**

FL

Zip Code **32818**

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 *William R. Flowers III Pastor*

William R. Flowers III Pastor

3-27-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TR	MILLER, ALBERT	173 MERIDA DRIVE	KISSIMEE FL	<input type="checkbox"/>
PT	MOCK, RONALD	5032 BUTLER RIDGE DRIVE	WINDERMERE FL	<input checked="" type="checkbox"/>
TR	MULLENS, JOHN	12807 REAVES ROAD	WINTER GARDEN FL	<input type="checkbox"/>
TR	BRISSON, ANGELA	2269 MENOMONEE CT.	ORLANDO FL 32818	<input checked="" type="checkbox"/>
TR	TRUITT, IDA M	4616 ROBBINS AVE	ORLANDO FL 32808	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TR/D	MALONE, Jim	2650 Cedar Bluff Lane	Ocoee, FL 34761	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TR/D	Leggett, Gerald	904 East Silver Star Rd	Ocoee FL 34761	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TR/D	Flowers, William R.	8823 Rose Hill Dr.	ORLANDO, FL 32818	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TR	Palmer, Hugh	1423 Clarks Summit Ct	Orlando, FL 32808	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CR2E037 (9/01)

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 of 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: *William R. Flowers III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **William R. Flowers III**

Date *3-27-02*

Paying Phone # *(407) 578-6356*