

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**

80122004



DO NOT WRITE IN THIS SPACE

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 ☐

**\$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

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

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

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

TITLE **TR/D** ☐ Change ☒ Addition
 NAME **MALONE, Jim**
 STREET ADDRESS **2650 Cedar Bluff Lane**
 CITY-ST-ZIP **Ocoee, FL 34761**

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

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

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

TITLE **TR/D** ☐ Change ☒ Addition
 NAME **Leggett, Gerald**
 STREET ADDRESS **904 East Silver Star Rd**
 CITY-ST-ZIP **Ocoee, FL 34761**

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

TITLE **PTR/D** ☐ Change ☒ Addition
 NAME **Flowers, William R.**
 STREET ADDRESS **8823 Rose Hill Dr.**
 CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE **TR** ☐ Change ☒ Addition
 NAME **Palmer, Hugh**
 STREET ADDRESS **1423 Clark Summit Ct**
 CITY-ST-ZIP **Orlando, FL 32808**

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

Date

Pay Phone #

CR2E037 (9/01)