

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90408 002 ****61.25

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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



MOORE

CR2E037 (11/03)

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

LEGGETT, GERALD
904 E. SILVER STAR RD.
OCOE FL 34761

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE TR ☐ Delete
NAME ZINN, GERALD
STREET ADDRESS 1310 MEADOW FINCH DR.
CITY-ST-ZIP WINTER GARDEN FL 34787

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

TITLE PTRD ☐ Delete
NAME LEGGETT, GERALD
STREET ADDRESS 904 EAST SILVER STAR RD
CITY-ST-ZIP OCOEE FL 34761

TITLE C ☒ Delete
NAME FLOWERS, WILLIAM R
STREET ADDRESS 8823 ROSE HILL DR
CITY-ST-ZIP ORLANDO FL 32818

TITLE TR ☐ Delete
NAME PALMER, HUGH
STREET ADDRESS 1423 CLARKS SUMMIT CT
CITY-ST-ZIP ORLANDO FL 32828

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 J.V. Sullivan
STREET ADDRESS 8823 Rose Hill Dr
CITY-ST-ZIP ORLANDO FL 32818

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

TITLE ☒ Addition
NAME LEE ZINN
STREET ADDRESS 1310 MEADOW FINCH DR.
CITY-ST-ZIP WINTER GARDEN FL 34787

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

LEE ZINN

Date

Daytime Phone #

4-6-04 407-6544262