

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91407 032 ****70.00

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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

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

**FLOWERS, WILLIAM R
8823 ROSE HILL DR
ORLANDO FL 32818**

Name **Gerald LEGGETT**

Street Address (P.O. Box Number is Not Acceptable)

904 E. Silver Star Rd

City **Ocoee**

FL

Zip Code **34761**

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

GERALD LEGGETT - Pres./Trustee **Gerald Leggett** **4/22/03**

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. T.R. 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 **ZINN, GERALD** ☐ Change ☒ Addition
NAME **1310 MEADOW FINCH DR.**
STREET ADDRESS **WINTER GARDEN FL 34787**
CITY-ST-ZIP

TITLE **TRD** ☒ Delete
NAME **MALONE, JIM**
STREET ADDRESS **2650 CEDAR BLUFF LN**
CITY-ST-ZIP **OCOE FL 34761**

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

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

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

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

TITLE **President - TRD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **Chairman** ☒ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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:

Gerald Leggett

CR2E037 (10/02)