

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000897

Entity Name: IGNITE INSTITUTE OF PROPHETIC LEADERSHIP, INC.**Current Principal Place of Business:**1771 OLD RESERVOIR ROAD
WINNSBORO, SC 29180**Current Mailing Address:**PO BOX 149
WINNSBORO, SC 29180 US**FEI Number:** 65-1077463**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**OBED SANTIESTEBAN
C/O HOME OF THE NAZARENE
2199 ALI BABA AVENUE
OPA-LOCKA, FL 33054 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	GWILLIAM, WAYNE C
Address	PO BOX 149
City-State-Zip:	WINNSBORO SC 29180

Title	D
Name	GWILLIAM, ANGELA
Address	PO BOX 149
City-State-Zip:	WINNSBORO SC 29180

Title	D
Name	ARGUELLO, GEETA
Address	2131 N 19TH AVE
City-State-Zip:	HOLLYWOOD FL 33020

Title	D
Name	CASTELLANOS, KIMBERLY S
Address	440 HARLESTON ROAD
City-State-Zip:	IRMO SC 29063

Title	D
Name	REESE, JAMES
Address	1568 KINCAID BRIDGE ROAD
City-State-Zip:	WINNSBORO SC 29180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANGELA GWILLIAM**DIRECTOR****04/14/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date