

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

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90178 044 \*\*\*\*61.25

**DOCUMENT # 728277**

1. Entity Name  
**VICTORY TABERNACLE CHURCH, INC.**



Principal Place of Business  
**527 WILLOW BRANCH  
VICTORY TABERNACLE  
JACKSONVILLE FL 32254**

Mailing Address  
**527 WILLOW BRANCH  
VICTORY TABERNACLE  
JACKSONVILLE FL 32254**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2527078**

Applied For

Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NICHOLAS, LEBON A.  
2792 SUNNYSIDE ST.  
JACKSONVILLE FL 32205**

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**

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD NICHOLAS, LEBON A 2792 SUNNYSIDE ST JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD NICHOLAS, ANNIE V 2792 SUNNYSIDE ST JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T JENKINS, PATRICIA F. 3748 S. LANE AVE. JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MILES, TAJUANA D 3501 TOWNSEND BLVD #164 JACKSONVILLE FL 32277</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD NICHOLAS, LEBON A. 2936 LENOX AVE. JACKSONVILLE, FL. 32254</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD NICHOLAS, ANNIE Y. 2936 LENOX AVE. JACKSONVILLE, FL. 32254</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD JENKINS, PATRICIA F. 1010 MACKINAW ST. JACKSONVILLE, FL. 32254</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S JENKINS, IRIS A. 1010 MACKINAW ST. JACKSONVILLE, FL. 32254</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NICHOLAS, JEROME W. 2792 SUNNYSIDE ST. JACKSONVILLE, FL. 32254</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOATWRIGHT, DONTAVIES L. 7844 GREGORY DR. APT. 102 JACKSONVILLE, FL. 32210</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CR2E037 (10/02)

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: *Nicholas A. Nicholas* **NICHOLAS, LEBON A.** 02-16-03 (904) 384-7277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER