

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32262

1. Entity Name

VICTORY ASSEMBLY OF GOD OF LAKE LAND, FL., INC.

Principal Place of Business

1401 GRIFFIN RD
LAKE LAND FL 33809
US

Mailing Address

PO BOX 90489
LAKE LAND FL 33804-0489
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33810

6. Name and Address of Current Registered Agent

ENGLISH, DOUGLAS W
1401 GRIFFIN ROAD
LAKE LAND FL 33810

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.

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

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PCD | <input type="checkbox"/> Delete |
| NAME | BLACKBURN, M. WAYNE | |
| STREET ADDRESS | 2209 MALACHITE DR | |
| CITY-ST-ZIP | LAKE LAND FL | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | ENGLISH, DOUGLAS W | |
| STREET ADDRESS | 7105 O'DONIEL LOOP W. | |
| CITY-ST-ZIP | LAKE LAND FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | HOWARD, H. M | |
| STREET ADDRESS | 325 TYLER AVENUE | |
| CITY-ST-ZIP | LAKE LAND FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | FEUCHT, PAUL | |
| STREET ADDRESS | 522 N. WABASH ROAD | |
| CITY-ST-ZIP | LAKE LAND FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CHRISTIAN, JOE | |
| STREET ADDRESS | 403 SOUTH ROAD | |
| CITY-ST-ZIP | LAKE LAND FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JASSO, JOE A. JR. | |
| STREET ADDRESS | 5226 GLENMORE DR | |
| CITY-ST-ZIP | LAKE LAND FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: DOUGLAS W. ENGLISH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/2000 (941)859-6000

Date

Daytime Phone #

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90120 019 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2954281

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent