## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 10, 2001 8:00 am Secretary of State DOCUMENT # N99000002688 VICTORY FELLOWSHIP CHRISTIAN CENTER, INC. 05-10-2001 90091 039 \*\*\*\*61.25 Principal Place of Business Mailing Address 1553 SCRANTON AVENUE 1553 SCRANTON AVENUE CLEARWATER FL 33756 CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3345177 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BLAKLEY, GARNET 1553 SCRANTON AVENUE **CLEARWATER FL 33756** 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 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete ☐ Change Addition NAME BLAKLEY, GARNET NAME STREET ADDRESS 1553 SCRANTON AVENUE STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33756** CITY-ST-ZIP TITLE D ☐ Delete TITLE Addition ☐ Change Dale Haslacker NAME BLAKLEY, VICKY NAME STREET ADDRESS STREET ADDRESS 1330 Farm 2790 1553 SCRANTON AVENUE CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33756** Lytle, Tx. 78052 TITLE D Delete Change \_\_ Addition NAME PETERS, JOSEPHINE NAME Peters, Josephine STREET ADDRESS STREET ADDRESS 1553 SCRANTON AVENUE 1554 Tilley Ave. CITY-ST-7IP CITY-ST-ZIP **CLEARWATER FL 33756** Clearwater, Fl. 33756 TITLE ☐ Delete ☐ Addition ☐ Change NAME **BLAKLEY, CHRIS** STREET ADDRESS STREET ADDRESS 817 WOODLAWN STREET CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33756** TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL OPPICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

April 26/01 727 443-4943