2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am § Secretary of State **DOCUMENT # 708788** 1. Entity Name VICTORY BAPTIST CHURCH, INC. OF ORLANDO 05-02-2002 90155 027 ****70.00 Principal Place of Business Mailing Address 6600 HOFFNER AVE 6600 HOFFNER AVE ORLANDO FL 32822-325 ORLANDO FL 32822-325 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 59-2171719 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 MYERS, BARBARA E. Street Address (P.O. Box Number is Not Acceptable) 707 N SOLANDRA DR ORLANDO FL 32897 City Zip Code FL 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: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE (9/01) ☐ Change ☐ Addition NAME scotto. Tony NAME STREET ADDRESS 303 KNIGHTLAND CT. STREET ADDRESS CITY-ST-7IP <u>Orlando fl 32824</u> CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME'. BORGESON, TIM NAME STREET ADDRESS 1130 BELVEDERE ROAD STREET ADDRESS CITY-ST-7IF <u>orlando fl</u> CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ■ Addition HALL DWIGHT NAME STREET ADDRESS 214 PALMYRA DR STREET ADDRESS CITY-ST-ZIP <u>orlando fl</u> CITY-ST-ZIP TITLE n X Delete TITLE ☐ Change ☐ Addition NAME HUGGINS, EDDIE NAME STREET ADDRESS 5310 DEXTER STREET STREET ADDRESS CITY-ST-ZIP ORLANDO-FL : :-CITY-ST-ZIP TITLE Date Con Delete TITLE ☐ Change ☐ Addition NAME HOWELL, MICHAEL STREET ADDRESS 9425 BUXTON CT. STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME ROBERTSON, ALEXANDER NAME STREET ADDRESS

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 appears with all other like empowered.

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

1007 PINAR DRIVE

ORLANDO FL 32825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ul 17, 2002 (407)2775675