

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90083 014 ****61.25

DOCUMENT # 725673

1. Entity Name
VICTORY CHURCH OF THE NAZARENE INC.



Principal Place of Business Mailing Address

4401 58 ST N **4401 58 ST N**
KENNETH CITY FL 33709 **KENNETH CITY FL 33709**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-6598021** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, ROSA
1225 70 AVE NORTH
PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name **Rev. Roelin Hambrick**
Street Address (P.O. Box Number is Not Acceptable)
4401 58 ST. N.
St. Petersburg FL 33709
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

TITLE	T	<input type="checkbox"/> Delete
NAME	HECKATHORNE, ANN M	
STREET ADDRESS	7238 55 AVE N.	
CITY-ST-ZIP	ST PETERSBERG FL 33709	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUFFY, WILLIAM F	
STREET ADDRESS	5890 38 AVE N. , #101A	
CITY-ST-ZIP	ST PETERSBERG FL 33710-1955	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKINSON, LUTHER	
STREET ADDRESS	6128 38TH AVE N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	Anderson, Rosa	<input type="checkbox"/> Delete
NAME	4325 70 Ave N.	
STREET ADDRESS	Pinellas Park, FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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: Roelin Hambrick RECORDED Hambrick 1/16/13 546-0990

CR2E037 (10/02)