

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729007

1. Entity Name

VICTORY BAPTIST CHURCH & SCHOOLS, INC.

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90075 002 ****61.25

Principal Place of Business

1309 CR 452
EUSTIS FL 32726

Mailing Address

1309 COUNTRY ROAD 452
EUSTIS FL 32726
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number 59-1493309

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ASHLEY, CHARLES
1600 ALAN DRIVE
EUSTIS FL 32726

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.

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 NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, MIKE 12650 BAY HILL DR LEESBURG FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KULTURIDES, LOUIS 40 N EUSTIS ST #1 EUSTIS FL 32726	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASHLEY, CHARLES 1600 ALAN DRIVE EUSTIS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAMAIN, PHILIPPE 210 W SEMINOLE AVENUE EUSTIS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLTON, KEITH 912 EDGEWATER DR EUSTIS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVERWALD, JIM 37339 TURNER DR UMATILLA FL	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philippe M. GAMAIN

Date

Daytime Phone #

02/17/2002 589 9227 (352)

CR2E037 (9/01)