

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

0081714

DOCUMENT # 737835

1. Entity Name
VICTORIOUS CHURCH OF GOD IN CHRIST, INC.

02-19-2002 90074 022 ****61.25

Principal Place of Business 726 PONDEROSA WEST LAKELAND FL 33810	Mailing Address 726 PONDEROSA WEST LAKELAND FL 33810
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 50-1440061	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCKENZIE, ALVIN T
~~726 PONDEROSA DR W~~
LAKELAND FL 33810

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 D COLEMAN, BEULAH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 20631 WORMACK RD	
CITY-ST-ZIP LACOOCHEE FL	
TITLE NAME SD BROWN, GLORIA J	<input type="checkbox"/> Delete
STREET ADDRESS 801 W. MADISON STREET	
CITY-ST-ZIP PLANT CITY FL	
TITLE NAME P MCKENZIE, ALVIN T	<input type="checkbox"/> Delete
STREET ADDRESS 726 PONDEROSA DR W	
CITY-ST-ZIP LAKELAND FL 33810	
TITLE NAME D CHATMAN, KAREEN	<input type="checkbox"/> Delete
STREET ADDRESS 105 BURCHWOOD AV	
CITY-ST-ZIP PLANT CITY FL 33565	
TITLE NAME PTD MCKENZIE, EVANTHONY	<input type="checkbox"/> Delete
STREET ADDRESS 6579 FOXTREE LANE	
CITY-ST-ZIP LAKELAND FL	
TITLE NAME D SAMPSON, OLLIE M	<input type="checkbox"/> Delete
STREET ADDRESS 7427 LENA CIRCLE	
CITY-ST-ZIP ZEPHYRHILLS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME D LARANGE BROCKINGTON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2907 CHURCH ROAD	
CITY-ST-ZIP ZEPHYRHILLS, FL	
TITLE NAME D CARLTON COOPER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1303 W BATES ST	
CITY-ST-ZIP PLANT CITY, FL 33566	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **ALVIN T. MCKENZIE** / *Alvin T. McKenzie* / *1/27/02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone # _____

CR2E037 (9/01)