


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

FILED
Sep 19, 2003 8:00 am
Secretary of State

09-19-2003 90002 041 ***245.00

10/3/03

DOCUMENT # 737835
1. Entity Name
VICTORIOUS CHURCH OF GOD IN CHRIST, INC.



Principal Place of Business
**726 PONDEROSA WEST
LAKELAND FL 33810**

Mailing Address
**726 PONDEROSA WEST
LAKELAND FL 33810**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
7517 Bayleaf St
Suite, Apt. #, etc.

City & State
Zephyrhills FL

Zip
33540

Country
PASCO



CHECK HERE IF MAKING CHANGES

4. FEI Number **50-1440061** Applied For
 Not Applicable

5. Certificate of Status Desired **\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	BROCKINGTON, LARANGE	
STREET ADDRESS	2907 CHURCH ROAD	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, GLORIA J	
STREET ADDRESS	801 W. MADISON STREET	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCKENZIE, ALVIN T	
STREET ADDRESS	726 PONDEROSA DR W	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHATMAN, KAREEN	
STREET ADDRESS	105 BURCHWOOD AV	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCKENZIE, EVANTHONY	
STREET ADDRESS	6579 FOXTREE LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMPSON, OLLIE M	
STREET ADDRESS	7427 LENA CIRCLE	
CITY-ST-ZIP	ZEPHYRHILLS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carlton Cooper	
STREET ADDRESS	1303 Bates Street	
CITY-ST-ZIP	Plant City, FL 33563	
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: **Secretary** **9/14/03** **813 9355020**

CR2E037 (4/03)