

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

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

3. Mailing Address

7517 Bayleaf St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zephyrhills FL

Zip

Country

Zip

Country

33540

PASCO

4. FEI Number **50-1440061**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCKENZIE, ALVIN T
726 PONDEROSA DR W
LAKELAND FL 33810**

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

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	PTD VPTD	<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	

TITLE	D Carlton Cooper	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1303 Bates Street	
STREET ADDRESS	Plant City, FL 33563	
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:

SECRETARY REQUIRED

9/14/03

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