

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90195 024 ****70.00

DOCUMENT # 755407

1. Entity Name

VICTORY CHRISTIAN CENTER OF SOUTH FLORIDA, INC.

Principal Place of Business

3499 NW 2 AVE
 BOCA RATON FL 33431
 US

Mailing Address

3499 NW 2 AVE
 BOCA RATON FL 33431-6625
 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

59-2078362

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOLAN, JAMES V ESQ
1040 BAYVIEW BLD BAYVIEW DR STE 606
FT LAUDERDALE FL 33304

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS KARPINEN, DONALD
 CITY-ST-ZIP 23133 SW 56 AVENUE
 BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition
 NAME TR
 STREET ADDRESS Hugh Kirkland
 CITY-ST-ZIP 12365 Riverfalls Ct.
 Boca Raton, FL 33428

TITLE ☐ Delete
 NAME TR
 STREET ADDRESS KARPINEN, CATHERINE
 CITY-ST-ZIP 23133 SW 56 AVENUE
 BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition
 NAME TR
 STREET ADDRESS Bye-Jo Kirkland
 CITY-ST-ZIP 12365 Riverfalls Ct.
 Boca Raton, FL 33428

TITLE ☐ Delete
 NAME TR
 STREET ADDRESS BEATTY, TIM
 CITY-ST-ZIP 10928 CRESCENDO CIR
 BOCA RATON FL 33489

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

TITLE ☐ Delete
 NAME S
 STREET ADDRESS BEATTY, TONI MARIE
 CITY-ST-ZIP 10928 CRESCENDO CIR
 BOCA RATON FL 33489

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

TITLE ☐ Delete
 NAME TR
 STREET ADDRESS BENEDICT, DAVID
 CITY-ST-ZIP 5365 PLANTATION ROAD
 PLANTATION FL 33317

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

TITLE ☐ Delete
 NAME T
 STREET ADDRESS BENEDICT, LINDA
 CITY-ST-ZIP 5365 PLANTATION ROAD
 PLANTATION FL 33317

TITLE ☐ Change ☐ 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:

[Signature] **REQUIRED**

561-391-2800

CR2E037 (9/99)