

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770766

1. Entity Name

VICTORY CHRISTIAN CENTER ASSEMBLY OF GOD, INC.

FILED

02 MAR 14 PM 2:37

Principal Place of Business

Mailing Address

6201 S.W. 160TH AVE.  
FT. LAUDERDALE FL 33331

6201 S.W. 160TH AVE.  
FT. LAUDERDALE FL 33331

*[Handwritten signature]*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

6201 SW 160th Ave

3. Mailing Address

6201 SW 160th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

4. FEI Number

74-2771685

Applied For

Not Applicable

Zip

33331

Country

Broward

Zip

33331

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WIBLEY, JOHN K  
9841 MAJESTIC WAY  
BOYNTON BCH FL 33437

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

*[Handwritten signature: John K Wibley]*

1-27-2002

Signature, typewritten 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	PD	<input type="checkbox"/> Delete
NAME	RABURN, TERRELL R	
STREET ADDRESS	1437 E MEMORIAL BLVD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BETZER, DAN	
STREET ADDRESS	6901 HARBOR LANE	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POWELL, STEVE	
STREET ADDRESS	7303 GUNSTOCK DR	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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:

*[Handwritten signature: Terrell R Raburn]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-2002

Date

954-4346206

Daytime Phone #

CP25087 (9/01)