

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

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90114 008 ****61.25

DOCUMENT # 770766

1. Entity Name
VICTORY CHRISTIAN CENTER ASSEMBLY OF GOD, INC.



Principal Place of Business

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

Mailing Address

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

90003193



2. Principal Place of Business

6201 S.W. 160th Ave

Suite, Apt. #, etc.

3. Mailing Address

6201 S.W. 160th Ave

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

South West Ranches Fl

City & State

South West Ranches Fl

4. FEI Number **74-2771685**

Applied For

Not Applicable

Zip

Country

33331

BROWARD

Zip

Country

33331

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John K. Wibley
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

(Address Only)

1-14-2003

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
Florida 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
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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:

SIGNATURE REQUIRED

1-14-2003

954-434-6200

CR2E037 (10/02)