## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Aug 07, 2001 8:00 am Secretary of State DOCUMENT # N0000001570 1. Entity Name VICTORY TABERNACLE OF PRAYER FOR ALL PEOPLE, INC. 08-07-2001 90018 036 \*\*\*\*61 25 Principal Place of Business Mailing Address 364 W AVENUE A 364 W AVENUE A BELLE GLADE FL 33430 BELLE GLADE FL 33430 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Country \$8.75. Additional --5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Roberson Bernard Street Address (P.O. Box Number is Not Acceptable) KNIGHT, LINDA D 2530 S SANFORD AVE, SUITE 102 SANFORD FL 32772 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DIRECTOR TITLE Delete TITLE Change Tones NAME ROBERSON, BERNARD NAME 40 S.W. AVE. A APT.14 STREET ADDRESS 145 W 31ST CT STREET ADDRESS elleglade F1. 33430 Rector Shray Brown CITY-ST-ZIP RIVIERA BEACH FL 33404 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Johnny Brown 809 N.E. 22 nd ST. APT 1 GRANT, WILLIE NAME NAMÉ STREET ADDRESS 848 SW AVE I STREET ADDRESS CITY: ST-ZIP BELLE GLADE FL 33430 CITY-ST-ZIP --Belle Glade F1-339 T/T/F ☐ Delete TITLE ☐ Addition NAME ROBERSON, BRENDA J NAME STREET ADDRESS 145 W 31ST CT STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH FL 33404 CITY-ST-7IP TITLE Delete Change ☐ Addition WOODSON, CATHY NAME NAME STREET ADDRESS 1704 PALM GLADES DR STREET ADDRESS CITY-ST-ZIP BELLE GLADE EL 33404 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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. (541) 863-1249 SIGNATURE: