2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all

SIGNATURE:

Jan 31, 2002 8:00 am Secretary of State DOCUMENT # N0000001570 1. Entity Name VICTORY TABERNACLE OF PRAYER FOR ALL PEOPLE, INC 01-31-2002 90037 028 ****61.25 Mailing Address Principal Place of Business 364 W AVENUE A 364 W AVENUE A BELLE GLADE FL 33430 BELLE GLADE FL 33430 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip Country \square 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ROBERSON, BERNARD 145 WEST 31ST COURT **RIVIERA BEACH FL 33404** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. П Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Change TITLE ☐ Delete ROBERSON, BERNARD NAME NAME STREET ADDRESS 145 W 31ST CT STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH FL 33404 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE GRANT, WILLIE NAME NAME STREET ADDRESS STREET ADDRESS 848 SW AVE I CITY-ST-ZIP CITY-ST-ZIP BELLE GLADE FL 33430 ☐ Addition Change TITLE ☐ Delete TITLE ROBERSON, BRENDA J NAME NAME STREET ADDRESS 145 W 31ST CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIVIERA BEACH FL 33404 ☐ Change Addition DIR ☐ Delete TITLE TITLE JONES, EDDIE NAME NAME STREET ADDRESS 1240 S.W. AVENUE A. APT.14 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BELLE GLADE FL 33430 ☐ Addition ☐ Change TITLE ☐ Delete TITLE Brown, Johnny NAME NAME STREET ADDRESS STREET ADDRESS 809 N.E. 22ND STREET, APT.1 CITY-ST-ZIP CITY-ST-ZIP BELLE GLADE FL 33430 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS 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

FILED