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

DOCUMENT # N0000001570

VICTORY TABERNACLE OF PRAYER FOR ALL PEOPLE, INC

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90322 047 ****61.25

Principal Plac	e of Business	Mailing Address		_]				
364 W AVENUE A BELLE GLADE FL 33430		364 W AVENUE A						
		BELLE GLADE FL 33430						
						 	9818 1 11 81 1 9 1411 1 9	
	Place of Business 33436	3. Mailing Address						
		364 W. AVE A BEILE	6/4/e, F/. 33	V30				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State	е	City & State		4. FF	Number NOT	APPLICABLE	T TA	oplied For
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Zip	Country	Zip	Country PBC U	. 5. Ce	rtificate of Status	Desired	\$8.75 Ad	
33430			PHC U				Fee Require	ed
	6 Name and Address of Current F	registered Agent	Name			of New Registere	a Agent	
DODEDO	ON, BERNARD DROLLA	1 = +1		VOHOL	N Ti	Brown		
145.WFS	TOURT BROWN	1, Johnny	Street A	Address (P.O. Box	Number is Not A	Acceptable)		
RIVIERA E	BEACH FL 33404 309 N.1	V, Johnny E. 2210 ST. APT	TI 05.1	11.01 27	<u> ارد</u> – بر	771		
-A		Glade, Fl.	ſ	11 C	5 ()	<u>-</u> _	Zip Cod	
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	named entity submits this statement for	the purpose of changing its r	registered office o	r registered agen	t, or both, in the	State of Florida. I a	m familiar with,	and accept
the obligat	lons of registered agent							
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CICKIATURE								
SIGNATURE .	Standard hand or printed date of registered agent of	nd title if applicable (NOTE:	Pagistared Agent sings	turo required when reine	enting)	DATE	:	
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE:	Registered Agent signa	iture required when reins	ating)	DATE		
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. <u>.</u>	FILE NOW: FEE IS \$61.25	9. Election Cam	paign Financing	\$5.00	May Be	Make Che	ck Payable	
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. <u>.</u>	FILE NOW: FEE IS \$61.25 ember 10, 2003, min will be \$23	9. Election Cam Trust Fund Co	paign Financing	S5.00 Added	May Be to Fees	Make Che	ck Payable artment of :	State
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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