

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

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

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

DOCUMENT # N00000001570

1. Entity Name

VICTORY TABERNALE OF PRAYER FOR ALL PEOPLE, INC



Principal Place of Business

364 W AVENUE A
BELLE GLADE FL 33430

Mailing Address

364 W AVENUE A
BELLE GLADE FL 33430

2. Principal Place of Business

364 W. AVE A BELLE Glade, FL 33430

3. Mailing Address

364 W. AVE A BELLE Glade, FL 33430

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Belle Glade, FL

City & State

BELLE Glade, FL

Zip

33430

Country

US

Zip

Country

ROC US

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERSON, BERNARD
145 WEST 31ST COURT
RIVERA BEACH FL 33404

BROWN, Johnny
809 N.E. 22ND ST. APT 1
BELLE Glade, FL

7. Name and Address of New Registered Agent

Name JOHNNY T. Brown

Street Address (P.O. Box Number is Not Acceptable)
809 N.E. 22ND ST. APT 1

City BELLE Glade

FL

Zip Code
33430

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

Johnny T. Brown

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROBERSON, BERNARD	
STREET ADDRESS	145 W 31ST CT	
CITY-ST-ZIP	RIVERA BEACH FL 33404	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRANT, WILLIE	
STREET ADDRESS	848 SW AVE I	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERSON, BRENDA J	
STREET ADDRESS	145 W 31ST CT	
CITY-ST-ZIP	RIVERA BEACH FL 33404	
TITLE	DIR	<input checked="" type="checkbox"/> Delete
NAME	JONES, EDDIE	
STREET ADDRESS	1240 S.W. AVENUE A, APT.14	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	DIR	<input checked="" type="checkbox"/> Delete
NAME	BROWN, JOHNNY	
STREET ADDRESS	809 N.E. 22ND STREET, APT.1	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PASTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNNY T. Brown	
STREET ADDRESS	809 N.E. 22ND ST. APT 1	
CITY-ST-ZIP	BELLE Glade, FL. 33430	
TITLE	ELDER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Willie Grant	
STREET ADDRESS	848 SW AVE I	
CITY-ST-ZIP	BELLE Glade, FL. 33430	
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

Johnny T. Brown

561-993-0608

CR2E037 (4/03)