

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

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

04-16-2003 90151 032 *****61.25

DOCUMENT # NO1000006187

1. Entity Name

VICTORY IN PRAISE MINISTRIES INC.



Principal Place of Business

**647 GRANDIFLORA DRIVE
ORLANDO FL 32811**

Mailing Address

**P.O. BOX 617520
ORLANDO FL 32861**

60018938



2. Principal Place of Business

1680 N. RONALD REAGAN BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LOWWOOD FLORIDA

City & State

Zip

Country

32750

USA.

Zip

Country

4. FEI Number **59-3792979**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, ROGER D II
647 GRANDIFLORA DRIVE
ORLANDO FL 32811**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, ROGER D II	
STREET ADDRESS	647 GRANDIFLORA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, GWENDOLYN L	
STREET ADDRESS	647 GRANDIFLORA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARKE, GLENFORD	
STREET ADDRESS	5908 LONG CANYON DRIVE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOLOMON, TORRANCE	
STREET ADDRESS	2205 N. POWERS DRIVE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	TATE, ANDRE	
STREET ADDRESS	5659 NOKOMIS CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	S	<input type="checkbox"/> Delete
NAME	WYMAN, CELESTE	
STREET ADDRESS	1624 HICKORY AVE	
CITY-ST-ZIP	SANFORD FL 32771	

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	
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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: **NATURAL ROGER D SMITH II**

407-265-9580

CR2E037 (10/02)