

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000008436**

1. Entity Name

VICTORY FREWILL BAPTIST MINISTRIES, INC.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90077 045 *****70.00

Principal Place of Business

**107 DAVIS STREET
AUBURNDAL FL 33823**

Mailing Address

**107 DAVIS STREET
AUBURNDAL FL 33823****80029756**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

**HICKS, EDDY
107 DAVIS ST
AUBURNDAL FL 33823**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

FILE NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DP	HICKS, EDDY	107 DAVIS STREET AUBURNDAL FL 33823	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DV	SEAVEY, EDWIN	631 PILAKLAHA AVE AUBURNDAL FL 33823	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DC	COOK, EDDIE	226 NELSON ST AUBURNDAL FL 33823	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

Eddy Hicks 2/4/02 863 767 0444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)