

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

1/1.

01-13-2003 90438 032 ****61.25

DOCUMENT # N01000008436

1. Entity Name

VICTORY FREEWILL BAPTIST MINISTRIES, INC.



Principal Place of Business

**107 DAVIS STREET
AUBURNDALE FL 33823**

Mailing Address

**107 DAVIS STREET
AUBURNDALE FL 33823**

55005801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**
02-0540613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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 Eddy Hicks

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

(NOTE: Registered Agent signature required when reinstating)

Eddy Hicks

1/7/03

DATE

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| 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 | | |
| TITLE | DC | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHARON HICKS | |
| STREET ADDRESS | 107 DAVIS ST | |
| CITY-ST-ZIP | Auburndale FL 33823 | |
| 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 | | |
| 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:

Eddy Hicks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03

863 967 0444
Daytime Phone #

CR2E037 (10/02)