2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am § Secretary of State DOCUMENT # NO1955 1. Entity Name 05-18-2001 91235 046 ****61.25 VICTORY FREE WILL BAPTIST CHURCH OF AUBURNDALE, Principal Place of Business Mailing Address 16 NORMAN LANE 16 NORMAN LANE AUBURNDALE FL 33823 AUBURNDALE FL 33823 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2760341 Not Applicable Zip Country Ζiρ \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **GUY, JOHN** 607 LIME ST **AUBURNDALE FL 33823** 33823 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. TPASCELEL SIGNATUR Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS PD TITI F TITLE Delete Delete Eddie F. Cook **GUY, JOHN** NAME NAME 224 Nelson st STREET ADDRESS STREET ADDRESS 607 LIME ST CITY-ST-ZIP CITY-ST-ZIP AUBURNDALE FL Auburndale 33823 Change ☐ Addition TITLE ٧D ☐ Delete TITLE JONES, DELMAR A. NAME 3529 E. TRAPNELL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP PLANT CITY FL Change ☐ Addition ☐ Delete TITLE NAME GRANT, FRED NAME STREET ADDRESS STREET ADDRESS 105 SMITH ST. CITY-ST-ZIP AUBURNDALE FL CITY-ST-ZIP **C**LChange ☐ Addition ☐ Delete TITLE HICKS HICKS, EDDY NAME NAME DAVIS ST STREET ADDRESS STREET ADDRESS 107 DAVIS ST 4uburndake CITY-ST-7IP CITY-ST-ZIP AUBURNDALE FL Addition TITLE Delete TITLE S Shirah Rd. NAME NAME **GUY, MARILYN** STREET ADDRESS STREET ADDRESS **607 LIME STREET** CITY-ST-ZIP CITY-ST-ZIP AUBURNDALE FL ☐ Delete TITLE ☐ Change Addition TITLE NAME COOK, TINA NAME STREET ADDRESS STREET ADDRESS 650 E PIERCE ST CITY-ST-ZIP 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

SIGNATURE !

LAKE ALFRED FL 33850