

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06180

1. Entity Name

VICTORY ASSEMBLY OF GOD, INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90025 018 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1895 VICTORY ROAD  
CANTONMENT FL 32533

1895 VICTORY ROAD  
CANTONMENT FL 32533-4729

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

59-2692378

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

JOHNSON, KENNETH H.  
1891 VICTORY ROAD  
CANTONMENT FL 32533

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.

SIGNATURE

*Kenneth H Johnson*  
Signature, typed or printed name of registered agent and title if applicable.

*Kenneth H. Johnson, Pastor*

(NOTE: Registered Agent signature required when reinstating)

*1-14-00*

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HESTER, JAMES	
STREET ADDRESS	7156 SUNSHINE HILL RD	
CITY-ST-ZIP	MOLINO FL 32577	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, KENNETH H.	
STREET ADDRESS	1891 VICTORY ROAD	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, HAROLD M	
STREET ADDRESS	1 KINGSFIELD RD.	
CITY-ST-ZIP	GONZALEZ FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LEWIS, PRISCILLA F.	
STREET ADDRESS	7021 SOUTH HWY. 99	
CITY-ST-ZIP	WALNUT HILL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLANCHETT, WAYNE C	
STREET ADDRESS	3210 CREEKWOOD DRIVE	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Deacon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McGlothren, Ted	
STREET ADDRESS	1275 N. Hwy. 95-A	
CITY-ST-ZIP	Cantonment, FL 32533	
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:

*Priscilla F. Lewis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-14-00 (850) 587-2295*

CR2E037 (9/99)