

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90300 035 ****61.25

718027

DOCUMENT # N06180

1. Entity Name

VICTORY ASSEMBLY OF GOD, INC.

Principal Place of Business

**1895 VICTORY ROAD
 CANTONMENT FL 32533**

Mailing Address

**1895 VICTORY ROAD
 CANTONMENT FL 32533**

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 1-21-01
 (NOTE: Registered Agent signature required when reinstating) 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** ☒ Delete
 NAME **HESTER, JAMES**
 STREET ADDRESS **7156 SUNSHINE HILL RD**
 CITY-ST-ZIP **MOLINO FL 32577**

TITLE **D** ☐ Change ☒ Addition
 NAME **David Cantrell**
 STREET ADDRESS **P.O. Box 745**
 CITY-ST-ZIP **Cantonment, FL 32533**

TITLE **P** ☐ Delete
 NAME **JOHNSON, KENNETH H.**
 STREET ADDRESS **1891 VICTORY ROAD**
 CITY-ST-ZIP **CANTONMENT FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MCGLOTHEN, TED**
 STREET ADDRESS **1275 N. HWY. 95-A**
 CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **LEWIS, PRISCILLA F.**
 STREET ADDRESS **7021 SOUTH HWY. 99**
 CITY-ST-ZIP **WALNUT HILL FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BLANCHETT, WAYNE C**
 STREET ADDRESS **3210 CREEKWOOD DRIVE**
 CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

1-21-01

Daytime Phone #

850-587-2295

CR2E037 (10/00)