## 2002 UNIFORM BUSINESS REPORT (UBR) FILED May 16, 2002 8:00 am Secretary of State **DOCUMENT # N06180** 1. Entity Name VICTORY ASSEMBLY OF GOD, INC. -16-2002 90072 025 \*\*\*\*61.25 Principal Place of Business Mailing Address • 1895 VICTORY ROAD 1895 VICTORY ROAD CANTONMENT FL 32533 CANTONMENT FL 32533 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2692378 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 1891 VICTORY ROAD CANTONMENT FL 32533 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Đ, ☐ Delete TITLE CANTRELL, DAVID NAME NAME STREET ADDRESS P.O. BOX 745 STREET ADDRESS CITY-ST-ZIP **CANTONMENT FL 32533** CITY-ST-ZIP Delete TITLE Johnson, Kenneth H. NAME STREET ADDRESS 1891 VICTORY ROAD STREET ADDRESS CITY-ST-ZIP CANTONMENT FL --.CITY,-ST-ZIP. Delete TITLE Change MCGLOTHEN, TED NAME NAME STREET ADDRESS 1275 N. HWY. 95-A 1156 Suns STREET ADDRESS CITY-ST-ZIP CANTONMENT FL 32533 CITY-ST-ZIP Delete TITLE LEWIS, PRISCILLA F. NAME NAME 7021 SOUTH HWY. 99 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WALNUT HILL FL CITY-ST-ZIP Delete TITLE TITLE John H. Kaley BLANCHETT, WAYNE C NAME NAME 3210 CREEKWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CANTONMENT FL 32533 CITY-ST-ZIE Cantonment, F/ 32533 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.