

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90101 029 ****69.00

0001184

DOCUMENT # N17797

1. Entity Name

VICTORY CHRISTIAN CENTER INTERNATIONAL, INC.



Principal Place of Business

**920 BEVILLE ROAD
DAYTONA BEACH FL 32114**

Mailing Address

**PMB-371
1500 BEVILLE RD., SUITE 606
DAYTONA BEACH FL 32114**

11009070



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

913 Pelican Bay Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

4. FEI Number **59-2734890**

Applied For

Not Applicable

Zip

32119

Country

USA

Zip

Country

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

**CHAMPION, ROBERT
913 PELICAN BAY DR.
DAYTONA BEACH FL 32119**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/21/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **CHAMPION, ROBERT S**
STREET ADDRESS **913 PELICAN BAY DR.**
CITY-ST-ZIP **DAYTONA BCH. FL 32119**

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

TITLE **STD** ☐ Delete
NAME **CHAMPION, CAROL L**
STREET ADDRESS **913 PELICAN BAY DR.**
CITY-ST-ZIP **DAYTONA BCH. FL 32119**

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

TITLE **VPD** ☐ Delete
NAME **SAVEALL, CAPRILL**
STREET ADDRESS **415 6TH AVE**
CITY-ST-ZIP **COLUMBIA TN 38401**

TITLE ☒ Change ☐ Addition
NAME **VPD**
STREET ADDRESS **SAVEALL, Caprill**
CITY-ST-ZIP **441 Sunlake Cir. # 107**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Delete
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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:

Signature Required Robert S. Champion 4/21/03 386-756-9090

CR2E037 (10/02)