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

FILED May 28, 2002 8:00 am Secretary of State

| DOCUI 1. Entity Name | MENT# | N22495 | |) | K | 05-28-2002 9174 | 6 040 ****61.25 | |
|---|---|--|--|--|--|-------------------------|-------------------------------|--|
| VICTOR | Y INTERI | NATIONAL 1 | BAPTIST CHURC | CH, INC. | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | 672461 | | | |
| 2. Principal Place of Business 3001 E. Hanna Ave. Suite, Apt. #, etc. | | | 3. Mailing Address 3001 E. Hanna Ave Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | | |
| City & State Tampa, Florida | | | City & State Tampa Florida | | 4. FEI Number 592800 | 288 | Applied For Not Applicable | |
| 33610 | Zip Country | | Zip 33610 | Country USA | 5 Certificate of Status Desired \$8.75 A | | 8.75 Additional | |
| <u> </u> | | | 1 2 2 0 1 0 | | 7. Name and Addres | s of Current Registered | | |
| | | | | Name NO | Name NORMAN W. STEWART | | | |
| . DO NOT WRITE | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| IN THIS SPA | | | ACE | 3001 | 3001 E. Hanna Ave | | | |
| • | | | | City Tam | рa | FL | Zip Code 33610 | |
| SIGNATURE _ | - TEAS | | 9. Election Carny Trust Fund Cc | | \$5.00 May Be Added to Fees | DATE Make: Ghegk | | |
| | Initial or Ame | TOP CUER | | | Added to Fees | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | 2315 E Valrice DV Do | rman W. S agle Bluf o,FL 3359 nald LATS | tewart f Drive 4 ON | STREET ADDRESS SOURCEST SOURCEST STREET ADDRESS SOURCEST SOU | | | CR2E078 (1201) | |
| name Street adoress City+St+Zip | 3001 E. Hanna Ave Tampa FL. 33610 | | | NAME STREET ADDRESS CITY ST ZIP | STREET ADDRESS | | | |
| TITLE NAME STREET ADORESS | 301 | sey James 6 43rd St pa FL 336 | | TITLE NAME STREET ADDRESS 2008 | 700 | VOT WEST | re * · · · · · | |
| CITY-ST-ZIP | } | - | | CITY ST ZP | | NOT WRI | | |
| title Name Street address City-St-Zip | DS Sharon Thomas 6206 Rolling Hammock Plac Tampa FL 33610 | | | TULE C ENAME STREET ADDRESS ACTIVE STEPS | IN THIS SPACE | | | |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | | | | THE NAME STREET ADDRESS ONY STORP | | | | |
| TITLE NAME STREET ADDRESS | | | | TITLE E | | | | |

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

NORMAN H STEWART

5/1/02 813 237-3286

Daylime Phone #