

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36069

1. Entity Name

VICTORY ASSEMBLY OF GOD PALM BAY, FLORIDA, INCOR

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90004 050 ****61.25

Principal Place of Business

Mailing Address

726 JAMES CIRCLE, N.E.
PALM BAY FL 32905

726 JAMES CIRCLE, N.E.
PALM BAY FL 32910-0336

2. Principal Place of Business

3. Mailing Address

5055 BARCOCK STREET, N.E.
Suite, Apt. #, etc.

P.O. BOX 100336
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM BAY, FL

City & State

PALM BAY, FL

4. FEI Number

59-3146160

Applied For

Not Applicable

Zip

32905

Country

USA

Zip

32910-0336

Country

USA

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

VIVEIROS, PASTOR EDWIN M
726 JAMES CIR NE
PALM BAY FL 32905

Name

Street Address (P.O. Box Number is Not Acceptable)

5055 BARCOCK STREET, N.W.

City

PALM BAY,

FL

Zip Code

32905

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 EDWIN M. VIVEIROS

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

(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 ☐ Delete
NAME TR
STREET ADDRESS FOWLER, HAROLD
CITY-ST-ZIP 984 ULSTER AVENUE S E
PALM BAY FL 32909

TITLE ☐ Change ☒ Addition
NAME TR
STREET ADDRESS OWENS, CORENTH
CITY-ST-ZIP 583 MANDAN AVE., MELBOURNE, FL 32935

TITLE ☐ Delete
NAME PC
STREET ADDRESS VIVEIROS, EDWIN A REV.
CITY-ST-ZIP 726 JAMES CIRCLE, N.E.
PALM BAY FL 32905

TITLE ☐ Change ☒ Addition
NAME TR
STREET ADDRESS JENNINGS, MERL
CITY-ST-ZIP 2710 ROUEN AVE., MELBOURNE, FL 32935

TITLE ☐ Delete
NAME TR
STREET ADDRESS RIVERS, FRANK
CITY-ST-ZIP 944 LIONS CIRCLE N.W.
PALM BAY FL

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

TITLE ☐ Delete
NAME V
STREET ADDRESS VIVEIROS, CELINA S
CITY-ST-ZIP 310 CAVERN AVENUE S E
PALM BAY FL 32909

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

TITLE ☐ Delete
NAME T
STREET ADDRESS AUDIFFEREN, GENE
CITY-ST-ZIP 198 PORT MALABAR BLVD NE
PALM BAY FL 32905

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

TITLE ☐ Delete
NAME TR
STREET ADDRESS BERNARD, MCCOLLIN
CITY-ST-ZIP 1959 SUGARBERRY CT. NE
PALM BAY FL 32905

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: EDWIN M. VIVEIROS REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-2000 321-984-2227