## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **N39161**

## VICTORY IN CHRIST BIBLE CHURCH, INC.

Principal Place of Business

Mailing Address

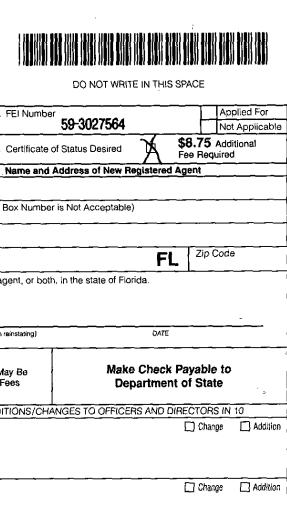
2525 W EDGEWOOD AVE JACKSONVILLE FL 32209 P.O. BOX 2517

JACKSONVILLE FL 32203-2517

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.



05-05-2000 90050 027 \*\*\*\*70.00



City & State City & State 4. FEI Number Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PONDER, WALTER JR. **5818 GRACE LANE** JACKSONVILLE FL 32205 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11, PTD □ Delete TITI F FAUST, WILLIE F JR NAME STREET ADDRESS STREET ADDRESS 3920 HICKORY GROVE DR CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Defete TITLE NAME PHOENIX, HERMAN STREET ADDRESS STREET ADDRESS 602 EAST 64TH ST CITY-ST-ZIP CITY\_ST-ZIP JACKSONVILLE FL Change ☐ Delete Addition TITLE PONDER, WALTER JR NAME STREET ADDRESS STREET ADDRESS 5818 GRACE LN CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Change Addition Delete TITLE TITLE NAME LEWIS, BENJAMIN JR NAME STREET ADDRESS STREET ADDRESS 8114 HELSTON DR CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Delete ☐ Change ☐ Addition TITLE HOWARD, JAMES NAME NAME 3355 HICKORYNUT ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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