

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
 05-01-2000 90474 013 ****70.00

DOCUMENT # N40431

1. Entity Name

VICTORY TEMPLE OF JESUS CHRIST, INC. (AN EAGLE M

Principal Place of Business

1707 AVE D.
 FORT PIERCE FL 34950

Mailing Address

P. O. BOX 3331
 FT. PIERCE FL 34948-3331
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0275228

Applied For

Not Applicable

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

HALL, LEON
 2874 HARSON WAY
 FT. PIERCE FL 34946

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.

SIGNATURE

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 DP
 STREET ADDRESS HALL, ALCENIA
 CITY-ST-ZIP 2846 HARRISON WAY
 FT. PIERCE FL 34946

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

TITLE ☐ Delete
 NAME T
 STREET ADDRESS SCOTT, NAOMI
 CITY-ST-ZIP 801 N 35TH ST
 FT PIERCE FL 34946

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MOORE, CHRISTINE M
 CITY-ST-ZIP 2928 COSTELLO AVE
 CINCINNATIC OH 45211

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

TITLE ☒ Delete
 NAME D/S
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME Tonita Marshall
 STREET ADDRESS 17901 N.W. 68th Ave. Apt. 210-5
 CITY-ST-ZIP Miami, Florida 33015

TITLE ☒ Delete
 NAME D
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME Derahl Marshall
 STREET ADDRESS 17901 N.W. 68th Ave. Apt. 210-5
 CITY-ST-ZIP Miami, Florida 33015

TITLE ☐ Delete
 NAME D
 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:

S. Alcenia
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00 561-461-0107
 561-595-9484

CR2E037 (9/99)