

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90214 011 ****61.25

DOCUMENT # N40431

1. Entity Name

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

Principal Place of Business

Mailing Address

**1707 AVE D
 FORT PIERCE FL 34950**

**P.O. BOX 3331
 FT. PIERCE FL 34948
 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

NOT APPLICABLE

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

**204 S. 23rd ST.
 FT. PIERCE FL 34950**

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

**\$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 **204 S. 23rd ST.
 FT. PIERCE FL 34950**

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

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

TITLE ☐ Delete
 NAME **D/S**
 STREET ADDRESS **SMITH, GELETA**
 CITY-ST-ZIP **517 N 25th ST.
 FT PIERCE FL 34946**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MARSHALL, TONITA**
 CITY-ST-ZIP **6296 NW 186TH ST #206
 HIALEAH FL 33015**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MARSHALL, DERALL**
 CITY-ST-ZIP **6296 NW 186TH ST #206
 HIALEAH FL 33015**

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

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

TITLE ☐ Change ☐ Addition
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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: D. HALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-02

CR2E037 (9/01)