2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41372

1. Entity Name

VICTORY COMMUNITY CHURCH, INC.



FILED Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90032 007 ****61.25

2/3/03 727-391-3397

| | | | | | | | | | |
|---------------------------------------|--|--|----------------------------|------------------------------|--|--|-----------------------------|------------------------------|--|
| Principal Plac | e of Business | Mailing Address | | ` | 1 | | | | |
| 10730 102 AVE SEMINOLE FL 33778 | | 10730 102 AVE SEMINOLE FL 33778 | | | | | | | |
| US | | US | | | 1 14 8 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | . eloko nijir jobija jedi dibil dibil i | AKBIG BIDGE BID | H 616 H 1 66 1 | |
| 2. Principal P | Place of Business | 3. Mailing Address | | | | | | | |
| <u> </u> | | 0.25 455 # 555 | | | | _ | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | |
| City & State | | City & State | | | 4. FEI Number NO | 4. FEI Number NOT APPLICABLE | | oplied For ot Applicable | |
| Zip | Country Zip | | Count | try | 5. Certificate of Stat | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | |
| | 6. Name and Address of Current | Registered Agent | | | | ss of New Registered A | gent | | |
| · · · · · · · · · · · · · · · · · · · | | | | Name | | | | | |
| | SALVATORE | | - | Street Add | ress (P.O. Box Number is No | P.O. Box Number is Not Acceptable) | | | |
| | RIWINKLE AVE | | ļ | | | · | | | |
| SEMINOL | E FL 33776 | | | | | | | | |
| - | | | | City | | FL | Zip Cod | е | |
| The above | named entity submits this statement fo | r the nurnose of changing its | registered | office or re | paistered agent or both in th | | miliar with | and accept | |
| | tions of registered agent. | if the purpose of changing its | registered | i onice or re | igistored agont, or boat, in th | o clate of Fortida. Talli la | | ana accept | |
| ; | 4 | | | | | | | | |
| SIGNATURE . | | | | | | | | | |
| • | Signature, typed or printed name of registered agent | and title if applicable. (NOTE | : Registered A | Agent signature i | required when reinstating) | · DATE | | | |
| | 5 150 m | | | | | | | | |
| | FILE NOW: FEE IS \$61.25 | 9. Election Can | | | \$5.00 May Be | Make Check | | | |
| . • | | Trust Fund C | ontribution | n. 🗆 | Added to Fees | Florida Departr | nent of S | state | |
| 10. | OFFICERS AND DIF | ECTORS | 11. | | ADDITIONS/CHANGES | S TO OFFICERS AND DIRI | ECTORS IN | 10 | |
| TITLE | VPT | ⊠ Delete | TITLE | 1 | i) PT | | ☐ Change | ∡ Addition | |
| NAME | HERN, JAMES | , | NAME | ا ا | James R. Joyr | er | | • | |
| STREET ADDRESS | 9961 132ND WAY NORTH | | STREET | ADDRESS | James R. Joyr 12920 12911 + | 40 | | | |
| CITY-ST-ZIP | LARGO FL 33773 | | CITY-S | T-ZIP | argo FL 3 | <i>3714</i> | | | |
| TITLE | PT | ☐ Delete | TITLE | ŀ | • | | Change | Addition | |
| NAME | BLANCO, SALVATORE | | NAME | | | | | | |
| STREET ADDRESS | 13400 PERIWINKKLE AVENUE | | | ADDRESS . | | | | | |
| CITY-ST-ZIP | SEMINOLE FL 33776 | | CITY-S | | TREASURER | | Change | Addition | |
| TITLE NAME | BLANCO, LAVERA | ☐ Delete | TITLE NAME | | I KENSURE, | | onange | ☐ Addition | |
| STREET ADDRESS | 13400 PERIWINKLE AVENUE | | | ADDRESS | | | | | |
| CITY-ST-ZIP | SEMINOLE FL 33776 | | CITY-S | T-ZIP | | | | | |
| TITLE | D | ■ Delete | TITLE | 2 | secretary - 1 | 38 ALC II | ☐ Change | Addition | |
| NAME | FRANQUEIRO, HELEN | | NAME | | MARGARET 1 4255 Rosem | ary Lane #8 | 1321 | | |
| STREET ADDRESS | 9961 132 WAY N | | | ADDRESS / | 4233 70367 | and the | , | | |
| CITY-ST-ZIP | LARGO FL 33773 | | CITY-S | T-ZIP | Largo FL 33 | 777 | | | |
| TITLE | D LIEDAL LIELEN | Delete | TITLE | (| Largo FL-33 Buy Swearr 49030 Burlin | nan | ☐ Change | Addition | |
| NAME STREET ADDRESS | HERN, HELEN 19961 132ND WAY NORTH | | NAME | ADDRESS A | 49:30 Burlin | epitan AUN | | | |
| STREET ADDRESS CITY-ST-ZIP | LARGO FL 33773 | | CITY-S | T-ZIP S | st. Petersbur | 40 FL 3/20 | 10 | | |
| TITLE | LANGO I E GOI 10 | ☐ Delete | TITLE | | 31 1 7 5 15 15 10 10 10 10 | | ☐ Change | Addition | |
| NAME | } | ☐ Delete | NAME | | | | | | |
| STREET ADDRESS | | | | ADDRESS | | | | i | |
| CITY-ST-ZIP | | | CITY-S | T-ZIP | | | | | |
| 12. I hereby | certify that the information supplied with on this report or supplemental report is | this filing does not qualify for | the exem | ption stated | in Section 119.07(3)(i), Flori | da Statutes. I further certif | fy that the ir | nformation | |
| indicated of the cor | l on this report or supplemental report is poration or the receiver or trustee empt | s true and accurate and that no owered to execute this report | ny signatui as required | re shali have d by Chapte | e the same legal effect as if i er 617, Florida Statutes; and | made under oath; that I an that my name appears in | n an officer Block 10 or | or director Block 11 if | |
| | or on an attachment with an address, | | | | 1 | | | | |