

2001 UNIFORM BUSINESS REPORT (UBR)

4/5

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-05-2001 90441 024 ****61.25

DOCUMENT # N41915

1. Entity Name

VICTORY WORD OF FAITH CHURCH, INC.

Principal Place of Business

Mailing Address

800 COCONUT AVE
SARASOTA FL 34236
US

5511 RAVENWOOD DR.
SARASOTA FL 34243

2. Principal Place of Business

5470 Desoto Road

3. Mailing Address

P. O. Box 561

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Sarasota, Florida

Zip

34243

Country

USA

Zip

34230

Country

USA

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

GREEN, JOSEPH
3084 LOCKWOOD LAKE CIRCLE
SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name

Green, Joseph

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

915 Sunridge Drive

City

Sarasota, FL

FL

Zip Code
34234

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 JOSEPH S. GREEN JR.

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARK, ARTICE M	
STREET ADDRESS	5511 RAVENWOOD DR.	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANT-DANIELS, DAVID	
STREET ADDRESS	5408 16TH ST W.	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, JOSEPH	
STREET ADDRESS	3084 LOCKWOOD LAKE CIR.	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mignon Lyons	
STREET ADDRESS	1553 Oak Park Avenue	
CITY-ST-ZIP	Sarasota, FL. 34237	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Green, Joseph	
STREET ADDRESS	915 Sunridge Drive	
CITY-ST-ZIP	Sarasota, Florida 34234	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Albert Rhodes	
STREET ADDRESS	1616 25th Street	
CITY-ST-ZIP	Sarasota, FL. 34234	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (10/00)