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

Apr 07, 2003 8:00 am Secretary of State **DOCUMENT # N41915** 1. Entity Name 04-07-2003 91025 017 ****61.25 VICTORY WORD OF FAITH CHURCH, INC. Principal Place of Business Mailing Address 5470 DESOTO ROAD PO BOX 561 SARASOTA FL 34730 SARASOTA FL 34243 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number NOT APPLICABLE City & State City & State Applied For Not Applicable Zip _Country_____ Country_ Zip_ ---\$8.75 Additional - ----5: Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREEN, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 915 SUNRIDGE DRIVE SARASOTA FL 34234 City 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. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE □ Delete TIT! F Change ☐ Addition **GRANT-DANIELS, DAVID** NAME STREET ADDRESS NAME 5408-16TH ST W. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BRADENTON FL 34207 Delete ☐ Change ☐ Addition Green, Joseph NAME STREET ADDRESS 915 SUNRIDGE DRIVE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34234 CITY-ST-ZIP ☐ Delete TITLE □ Change ■ Addition TITLE LYONS, MIGNON NAME NAME STREET ADDRESS 1553 OAK PARK AVE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34237 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RHODES, ALBERT NAME NAME STREET ADDRESS 1616 25TH STREET STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34234 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED