

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90722 011 \*\*\*105.00

**DOCUMENT # N93000003393**

1. Entity Name

**GREATER VICTORY MINISTRIES, INC.**

Principal Place of Business

Mailing Address

7654 N.W. 17 PLACE  
 MIAMI FL 33147

P O BOX 380214  
 MIAMI FL 33238-0214  
 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

65-0425687

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

PAYNE, JEAN B

~~0920 LITTLE RIVER DRIVE~~  
~~MIAMI FL 33147~~

16981 NE 8 CT  
 N MIAMI BCH, FL 33162

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

00122390

**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	DO	<input type="checkbox"/> Delete
NAME	PAYNE, BRUCE	
STREET ADDRESS	7654 N.W. 17 PLACE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, LILLIAN R	
STREET ADDRESS	14545 GARDEN DRIVE	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEFERT, HENRY	
STREET ADDRESS	7654 NW 17TH PL	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D	<input type="checkbox"/> Delete
NAME	GHENT, MARY H	
STREET ADDRESS	7654 MW 17TH PL	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, AMANDA	
STREET ADDRESS	16981 NE 8 CRT	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER, WILLIAM	
STREET ADDRESS	7654 NW 17TH PL	
CITY-ST-ZIP	MIAMI FL 33147	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Bruce Payne*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/22/02

Daytime Phone #

305/652-2594

CR2E037 (9/01)