

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

Name

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

City

FL

Zip Code

PAYNE, JEAN B

**~~9320 LITTLE RIVER DRIVE~~ 16981 NE 8 CT
 MIAMI FL 33147 N MIAMI BCH, FL 33162**

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** ☐ Delete
 NAME **PAYNE, BRUCE**
 STREET ADDRESS **7654 N.W. 17 PLACE**
 CITY-ST-ZIP **MIAMI FL 33147**

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

TITLE **D** ☐ Delete
 NAME **JACKSON, LILLIAN R**
 STREET ADDRESS **14545 GARDEN DRIVE**
 CITY-ST-ZIP **MIAMI FL 33168**

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

TITLE **D** ☒ Delete
 NAME **LEFERT, HENRY**
 STREET ADDRESS **7654 NW 17TH PL**
 CITY-ST-ZIP **MIAMI FL 33147**

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

TITLE **D** ☐ Delete
 NAME **GHENT, MARY H**
 STREET ADDRESS **7654 MW 17TH PL**
 CITY-ST-ZIP **MIAMI FL 33147**

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

TITLE **D** ☐ Delete
 NAME **HALL, AMANDA**
 STREET ADDRESS **16981 NE 8 CRT**
 CITY-ST-ZIP **MIAMI FL 33162**

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

TITLE **D** ☐ Delete
 NAME **TUCKER, WILLIAM**
 STREET ADDRESS **7654 NW 17TH PL**
 CITY-ST-ZIP **MIAMI FL 33147**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/22/02

305/652-2594

CR2E037 (9/01)