

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002753

1. Entity Name

VICTORY COMMUNITY CHURCH OF LOUGHMAN, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90014 025 ****61.25

Principal Place of Business

Mailing Address

33 LONE PINE COURT
DAVENPORT FL 33837

33 LONE PINE COURT
DAVENPORT FL 33837-9501

2. Principal Place of Business

2701 LA VISTA DR.

3. Mailing Address

2701 LA VISTA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HAINES CITY, FL

City & State

HAINES CITY, FL

4. FEI Number

59-3224939

Applied For

Not Applicable

Zip

33844

Country

USA

Zip

33844

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORMAN, JAMES B JR
33 LONE PINE CT
DAVENPORT FL 33837

7. Name and Address of New Registered Agent

Name

NORMAN, JAMES B. JR.

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

2701 LA VISTA DR.

City

HAINES CITY

FL

Zip Code

33844

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

James B. Norman, Jr. JAMES B. NORMAN, JR. (PD) 1/15/00

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	PD	<input type="checkbox"/> Delete
NAME	NORMAN, JAMES B JR	
STREET ADDRESS	33 LONE PINE CT	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DUNAWAY, ROBERT L	
STREET ADDRESS	1413 POLK CITY RD	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CODY, LORA C	
STREET ADDRESS	1603 POLK CITY RD	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUNN, EILEEN C	
STREET ADDRESS	3490 ROE RD	
CITY-ST-ZIP	HAINES CITY FL	
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	<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	
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	
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:

James B. Norman, Jr. JAMES B. NORMAN, JR. 1/15/00 (863)419-2733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)