## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 18, 2001 8:00 am § Secretary of State DOCUMENT # N9500003251 1. Entity Name 05-18-2001 91568 003 \*\*\*\*61.25 VICTORIOUS OVERCOMING SAINTS OF GOD INCORPORATED Principal Place of Business Mailing Address 730 S.W. 3RD ST. 913 NE 25TH ST 767348 GAINESVILLE FL GAINESVILLE FL 32641 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3385979 Not Applicable Zip Country Zip Country \$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 Street Address (P.O. Box Number is Not Acceptable) HARVEY, TOMMIE JR 913 NE 25TH ST GAINESVILLE FL 32641 Zip Code City 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. SIĞNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE Delete TITLE HARVEY, TOMMIE JR. NAME NAME 913 NE 25TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32641 ☐ Change ☐ Addition ☐ Delete TITLE TITLE FERGUSON, ROOSEVELT NAME NAME STREET ADDRESS 2322 SE 13TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32601** Change TITI F ☐ Addition TITLE Delete FERGUSON, DIANE NAME NAME STREET ADDRESS STREET ADDRESS 2322 SE 13TH ST. CITY:ST:ZIP= -CITY - ST - ZIP.--GAINESVILLE FL 32601~~ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED

ss, with all other like empowered.

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