2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9600000333 May 08, 2000 8:00 am Secretary of State VICTORY TABERNACLE OF PRAISE MINISTRIES, INC. 05-08-2000 90209 024 ****70.00 Principal Place of Business Mailing Address 1660 S. LANE AVE. 1660 SOUTH LANE AVENUE. SUITE 3 JACKSONVILLE FL 32210 JACKSONVILLE FL 32210-1373 2. Principal Place of Business Mailing Address 60 South Lave Ave. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3348159 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name رائ سيستح بنهنج مي Street Address (P.O. Box Number is Not Acceptable) PRESSLEY, DONALD M SR. 1660 SOUTH LANE AVENUE, SUITE 3 JACKSONVILLE FL 32210 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition **CDP** ☐ Delete TITLE TITLE NAME PRESSLEY, DONALD M SR. NAME STREET ADDRESS STREET ADDRESS 1260 LORENTO ST CITY-ST-ZIP CITY-ST-ZIP Jackson<u>ville fl</u> ☐ Change ☐ Addition ☐ Delete TITLE PRESSLEY, RONALD SR NAME STREET ADDRESS STREET ADDRESS 3760 CHEROKEE VILLA LANE CITY-ST-ZIP CITY-ST-ZIP Jacksonville Fl ☐ Change ☐ Addition TITLE SD ... ☐ Delete TITLE NAME PRESSLEY, LINDA M NAME STREET ADDRESS STREET ADDRESS 1260 LORENTO ST. CITY-ST-ZIP CITY-ST-ZIF JACKSONVILLE FL ☐ Change ■ Addition TD Delete TITLE TITLE NAME KEYE, JOSIE NAME STREET ADDRESS STREET ADDRESS 2244 COURNTEY DRIVE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME PRESSLEY, BELINDA J STREET ADDRESS STREET ADDRESS 1260 LORENTO ST CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.