

**2003 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90133 008 \*\*\*\*70.00

**DOCUMENT # N96000000333**

1. Entity Name  
**VICTORY TABERNALE OF PRAISE MINISTRIES, INC.**

Principal Place of Business 1660 SOUTH LANE AVENUE, SUITE 5 JACKSONVILLE FL 32210	Mailing Address 1660 SOUTH LANE AVENUE, SUITE 5 STE. 5 JACKSONVILLE FL 32210
---	---

2. Principal Place of Business 9378 ARLINGTON EXPWY Suite, Apt. #, etc. #312	3. Mailing Address 9378 ARLINGTON EXPRESSWAY Suite, Apt. #, etc. #312
--	---

City & State JACKSONVILLE, FLORIDA	City & State JACKSONVILLE, FLORIDA
Zip 32225	Country DUVAL
Zip 32225	Country DUVAL

4. FEI Number **59-3348159**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**PRESSLEY, DONALD M SR.**  
 9378 ARLINGTON EXPRESSWAY  
 SUITE #312  
 JACKSONVILLE, FLORIDA

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CDP</b> <b>PRESSLEY, DONALD M SR.</b> <b>1260 LORENTO ST</b> <b>JACKSONVILLE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PRESSLEY, RONALD SR</b> <b>3760 CHEROKEE VILLA LANE</b> <b>JACKSONVILLE FL</b> <input checked="" type="checkbox"/> Delete <b>RESIGNED</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>PRESSLEY, LINDA M</b> <b>1260 LORENTO ST.</b> <b>JACKSONVILLE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>KEYE, JOSIE</b> <b>2244 COURTEY DRIVE</b> <b>JACKSONVILLE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PRESSLEY, BELINDA J</b> <b>1260 LORENTO ST</b> <b>JACKSONVILLE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **DONALD M. PRESSLEY SR.** *Donald M. Pressley, Sr.* 3/5/03 (904) 798-6352