

2000 UNIFORM BUSINESS REPORT (UBR)

7.

DOCUMENT # N96000004600

1. Entity Name

VICTORY CHURCH, INC.

FILED
Aug 14, 2000 8:00 am
Secretary of State

07-25-2000 90103 013 ****61.25

Principal Place of Business

Mailing Address

22613 FOUNTAIN LAKES BLVD.
ESTERO FL 33928

22613 FOUNTAIN LAKES BLVD.
ESTERO FL 33928

2. Principal Place of Business

17595 S. TAMiami Tr.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200-24

City & State

City & State

FL Myers, FL

Zip

Country

Zip

Country

33908

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	COTRONE, DANIEL	
STREET ADDRESS	P.O. BOX 366092 N/A	
CITY-ST-ZIP	BONITA SPRINGS FL 34136	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	COTRONE, STACY	
STREET ADDRESS	P.O. BOX 366092 N/A	
CITY-ST-ZIP	BONITA SPRINGS FL 34136	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRUCKER, RICK	
STREET ADDRESS	204 COMMERCIAL AVENUE	
CITY-ST-ZIP	PIKETON OH 45661	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Gary Beck V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	17595 S. Tamiami Tr. Sk 200-24	
STREET ADDRESS	FL Myers, FL 33908	
CITY-ST-ZIP		
TITLE	Gary Pearson - Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	17595 S. Tamiami Tr. Sk 200-24	
STREET ADDRESS	FL Myers, FL 33908	
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: S. Cotrone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-00 941-437-1526
Date Daytime Phone #

CR2E037 (5/00)