

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 05, 2001 08:00 AM**
Secretary of State**DOCUMENT # N97000000231****1. Entity Name**
VOICE OF TRIUMPH CHURCH, INC.**Principal Place of Business**
802 N 7TH ST
FT PIERCE FL 34950
Mailing Address
P O BOX 3626
FT PIERCE FL 34948**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
65-0728424
Applied For
Not Applicable**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****LUCKEY MARCY**
302 EASTPORT CIR
PORT SAINT LUCIE FL
34953**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** **09/05/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW: FEE IS \$61.25**
9. Election Campaign Financing ☐ **\$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 | SD <input type="checkbox"/> Delete | NAME | LUCKEY MARY | TITLE | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | LUCKEY MARCY |
| STREET ADDRESS | 1920 N 43RD ST | CITY-ST-ZIP | FT PIERCE FL 34947 | STREET ADDRESS | 302 SW EASTPORT CIRCLE | CITY-ST-ZIP | FT PIERCE FL 34953 |
| TITLE | TD <input type="checkbox"/> Delete | NAME | ROUNDTREE WILLIE | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | |
| STREET ADDRESS | 1701 N 43RD ST | CITY-ST-ZIP | FT PIERCE FL 34947 | STREET ADDRESS | | CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> Delete | NAME | LUCKEY TROY D | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | |
| STREET ADDRESS | 65 VIRGINIA PK BLVD | CITY-ST-ZIP | FT PIERCE FL 34947 | STREET ADDRESS | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | NAME | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | |
| STREET ADDRESS | | CITY-ST-ZIP | | STREET ADDRESS | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | NAME | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | |
| STREET ADDRESS | | CITY-ST-ZIP | | STREET ADDRESS | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | NAME | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | |
| STREET ADDRESS | | CITY-ST-ZIP | | 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)(f), 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: TROY D. LUCKEY** **PRES** **09/05/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)