2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # N9700003422 May 11, 2000 8:00 am Secretary of State 1. Entity Name VICTORY CHAPEL CHRISTIAN FELLOWSHIP MINISTRIES! 05-11-2000 90302 032 ****70.00 Principal Place of Business Mailing Address 501 116TH AVE, N., APT, 221 P.O. BOX 21453 ST. PETERSBURG FL 33742-1453 ST. PETERSBURG FL 33716 2. Principal Place of Business 3. Mailing Address 9150 Suite, Apt. # Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3452916 Not Applicable 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) CAZEAU, ANTHONY R 501 116TH AVE. N., APT. 221 ST. PETERSBURG FL 33716 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10 11. ☐ Addition TITLE ☐ Delete TITLE zeau, Authon Y NAME CAZEAU, ANTHONY NAME 6045 93 ave N STREET ADDRESS STREET ADDRESS 501 116TH AVENUE N APT 221 CITY-ST-ZIP FL 33782 CITY-ST-ZIP ST PETE FL 33716 TITLE Change ☐ Addition SD Delete TITLE careau, Luz NAME NAME CAZEAU, LUZ 045 93 are N STREET ADDRESS STREET ADDRESS 501 116TH AVENUE NORTH APT 221 CITY-ST-ZIP CITY-ST-7IP ST PETE FL 33716 Delete TITLE CD TITLE Are North \$ 263 NAME DAVIS, ADA NAME STREET ADDRESS STREET ADDRESS 444 89TH AVE N #3 CITY-ST-ZIP CITY-ST-7/P SAINT PETERSBURG FL 33702 Addition ☐ Change Delete TITLE NAME Way North STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00

(727) 215-1189

Daytime Phone #