

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90302 032 ****70.00

DOCUMENT # N97000003422

1. Entity Name

VICTORY CHAPEL CHRISTIAN FELLOWSHIP MINISTRIES I

Principal Place of Business

Mailing Address

501 116TH AVE. N., APT. 221
 ST. PETERSBURG FL 33716

P.O. BOX 21453
 ST. PETERSBURG FL 33742-1453

2. Principal Place of Business

9150 49th St. N.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pinellas Park, FL

City & State

4. FEI Number

59-3452916

Applied For

Not Applicable

Zip

Country

33782

U.S.A.

Zip

Country

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

CAZEAU, ANTHONY R
 501 116TH AVE. N., APT. 221
 ST. PETERSBURG FL 33716

Name CAZEAU, ANTHONY R

Street Address (P.O. Box Number is Not Acceptable)

5045 93 ave N

City

Pinellas Park

FL

Zip Code

33782

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	PD	<input type="checkbox"/> Delete
NAME	CAZEAU, ANTHONY	
STREET ADDRESS	501 116TH AVENUE N APT 221	
CITY-ST-ZIP	ST PETE FL 33716	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAZEAU, LUZ	
STREET ADDRESS	501 116TH AVENUE NORTH APT 221	
CITY-ST-ZIP	ST PETE FL 33716	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, ADA	
STREET ADDRESS	444 89TH AVE N #3	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
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	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAZEAU, ANTHONY	
STREET ADDRESS	5045 93 ave N	
CITY-ST-ZIP	Pinellas Park FL 33782	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAZEAU, LUZ	
STREET ADDRESS	5045 93 ave N	
CITY-ST-ZIP	Pinellas Park FL 33782	
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOEL MILLER	
STREET ADDRESS	200 72nd Ave. North #263	
CITY-ST-ZIP	St. Pete, FL 33702	
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL ANGELO CARBONEL	
STREET ADDRESS	5510 58th Way North # A308	
CITY-ST-ZIP	Kenneth City, FL 33709	
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:

Anthony R. CazEAU
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
 Date

(727) 215-1189
 Daytime Phone #

CR2E037 (9/99)