

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90224 028 ****70.00

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1. Entity Name

GREATER VICTORY INTERNATIONAL MINISTRIES, INC.



Principal Place of Business

95 W. ORANGE AVE
LAKE WALES FL 33853

Mailing Address

PO BOX 344
LAKE WALES FL 33859

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 **59-3506416**

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

HILL, MELVIN M DR.

438 E PARK AVE
PO BOX 344
LAKE WALES FL 33859

New Address
132 Mansean Dr.
Winter Haven, Fla 33880

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME HILL, MELVIN M DR.
STREET ADDRESS 1080 ST. RD.60 EAST
CITY-ST-ZIP LAKE WALES FL 33853

TITLE ☒ Delete
NAME WILSON, ARTIS SR
STREET ADDRESS 1098 VALLENCIA AVE
CITY-ST-ZIP HAINES CITY FL 33844

TITLE ☒ Delete
NAME GRAHAM, WILLIE
STREET ADDRESS 3243 LYDIA STREET
CITY-ST-ZIP LAKE WALES FL 33853

TITLE ☐ Delete
NAME CURRY, DAVID
STREET ADDRESS 1031 GOLF COURSE PKWY
CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☒ Delete
NAME CRAFT, ERVIN
STREET ADDRESS 325 CENTRAL AVE EAST
CITY-ST-ZIP LAKE WALES FL 33853

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME *Mother - Trustee*
STREET ADDRESS *BARBARA JACKSON*
CITY-ST-ZIP *6805 Old Kissimmee Road*
Lakeland, FL 33858

TITLE ☐ Change ☒ Addition
NAME *Trustee*
STREET ADDRESS *Betty Jean Murphy*
CITY-ST-ZIP *2209 Eola Street*
Lake Wales, FL 33898

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature] *4/30/03*

(863) 291-5291

CR2E037 (10/02)