

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005853

1. Entity Name

VICTORY PRAISE & WORSHIP CENTER, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90111 027 ****61.25

Principal Place of Business

Mailing Address

128 MAIN STREET
BOWLING GREEN FL 33834

128 MAIN STREET
BOWLING GREEN FL 33834

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0872135

Applied For

Not Applicable

Zip

Country

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

SMITH, WALTER M
128 MAIN STREET
BOWLING GREEN FL 33834

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 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 PSTD ☐ Delete
NAME SMITH, WALTER M
STREET ADDRESS 128 MAIN STREET
CITY-ST-ZIP BOWLING GREEN FL 33834

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

TITLE VD ☐ Delete
NAME SCONYERS, HUEY
STREET ADDRESS 3865 PEEPLES ROAD
CITY-ST-ZIP FT. MEADE FL 33841

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

TITLE ☒ Delete
NAME KING, MARGARET
STREET ADDRESS 2415 TANGLEWOOD ST
CITY-ST-ZIP LAKELAND FL 33801-2702

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

TITLE D ☐ Delete
NAME EDWARDS, HERSHEL
STREET ADDRESS 722 POLK ROAD
CITY-ST-ZIP WAUCHULA FL 33873

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: Walter M. Smith REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER M. SMITH 941-375-2856

Date 3/25/00

Daytime Phone #

CR2E037 (9/99)