

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000248

1. Entity Name

VISION BEFORE VICTORY MINISTRY, INCORPORATED

Principal Place of Business

3917 N TAMPA STREET
TAMPA FL 33603

Mailing Address

P.O. BOX 15186
TAMPA FL 33684-5186

2. Principal Place of Business

3302 N. TAMPA ST

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

Zip

33602

Country

Hillsborough

Zip

Country

4. FEI Number

59-3552455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JACKSON, STEPHEN N
10743 GLEN ELLEN DRIVE
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

33624

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

TITLE ☐ Delete

NAME Stephen N. Jackson
STREET ADDRESS 10743 Glen Ellen Dr.
CITY-ST-ZIP TPA FL 33624

TITLE ☐ Delete

NAME Julia Folks
STREET ADDRESS P.O. Box 290917
CITY-ST-ZIP Temple Terrace, FL 33687

TITLE ☐ Delete

NAME Elizabeth Jackson
STREET ADDRESS 10743 Glen Ellen Dr.
CITY-ST-ZIP TAMPA, FLORIDA 33624

TITLE ☐ Delete

NAME OSCAR FOLKS
STREET ADDRESS P.O. Box 290917
CITY-ST-ZIP Temple Terrace FL 33687

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00 (813) 725-3446

CR2E037 (9/99)