

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000248

1. Entity Name

VISION BEFORE VICTORY MINISTRY, INCORPORATED

Principal Place of Business

3302 N TAMPA ST
TAMPA FL 33602

Mailing Address

P.O. BOX 15186
TAMPA FL 33684

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

59-3552455

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

JACKSON, STEPHEN N
10743 GLEN ELLEN DRIVE
TAMPA FL 33615

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	D	<input type="checkbox"/> Delete
NAME	JACKSON, STEPHEN N	
STREET ADDRESS	10743 GLEN ELLEN DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOLKS, JULIA	
STREET ADDRESS	PO BOX 290917	
CITY-ST-ZIP	TEMPLE TERRACE FL 33687	
TITLE	T	<input type="checkbox"/> Delete
NAME	JACKSON, ELIZABETH	
STREET ADDRESS	110743 GLEN ELLEN DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOLKS, OSCAR	
STREET ADDRESS	PO BOX 290917	
CITY-ST-ZIP	TEMPLE TERRACE FL 33687	
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"/> 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		
TITLE	T Simone Jackson	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10743 Glen Ellen Dr.	
STREET ADDRESS	TAMPA, FL 33624	
CITY-ST-ZIP		
TITLE	T Stephanie Jackson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10743 Glen Ellen Dr.	
STREET ADDRESS	TAMPA, FL 33624	
CITY-ST-ZIP		
TITLE	T Elizebeth A. Jackson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10743 Glen Ellen Dr.	
STREET ADDRESS	TAMPA, FL 33624	
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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, 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, and that my signature is 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:

[Handwritten Signature]

5/21/01 (813) 229-3440

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90515 001 ***184.00

- 73601



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)