

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

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90001 050 ***61.25

DOCUMENT # *N99000002688*

1. Entity Name

Victory Cathedral Christian Center



DO NOT WRITE IN THIS SPACE

44048951

2. Principal Place of Business

16110 Hwy 301 South

3. Mailing Address

Suite, Apt. #, etc.

VICTORY CATHEDRAL

PO BOX 5433

SUN CITY CENTER, FL 33571

DO NOT WRITE IN THIS SPACE

City & State

Wimauma, FL

City & State

PO BOX 5433

SUN CITY CENTER, FL 33571

4. FEI Number

39-3345177

Applied For

Not Applicable

Zip

33598

Country

U.S.

City & State

PO BOX 5433

Country

SUN CITY CENTER, FL 33571

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Rev G.W. Blakley

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

16110 Hwy 301 South

City

Wimauma

FL

Zip Code

33598

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IN THIS SPACE**

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.

G.W. Blakley

(NOTE: Registered Agent signature required when reinstating)

DATE

June 28/04

FEE IS \$61.25

Initial or Amended UBR

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

TITLE P
NAME Rev. G. W. Blakley
STREET ADDRESS P.O. Box 5433
CITY-ST-ZIP Sun City Center, Fl. 33571

TITLE T
NAME Josephine Peters
STREET ADDRESS 1554 Tilley Ave.
CITY-ST-ZIP Clearwater, Fl. 33766

TITLE V
NAME Chris Blakley
STREET ADDRESS 817 Woodlawn St.
CITY-ST-ZIP Clearwater, Fl. 33766

TITLE D
NAME Vicky Blakley
STREET ADDRESS 16110 Hwy 301 S.
CITY-ST-ZIP Wimauma, Fl. 33598

TITLE D
NAME Dale Haslacker
STREET ADDRESS 1330 FM 2790 W.
CITY-ST-ZIP Lytle, Tex. 78052

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G.W. Blakley

Date

July 14/04

Daytime Phone #

642-0004

CR2E037B (12/02)