

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0009729

DOCUMENT # N99000003029

03-29-2002 91433 025 ****61.25

1. Entity Name

OUR LADY OF VICTORY EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

9808 SW 54 LANE
 GAINESVILLE FL 32608

9808 SW 54 LANE
 GAINESVILLE FL 32608

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

59-3576482

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

7. Name and Address of New Registered Agent

MONTROWL, SHERYL J
9808 SW 54 LANE
GAINESVILLE FL 32608

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

Sheryl J Montrowl

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 Delete
 NAME **DT CROOM, CINDY J**
 STREET ADDRESS **4300 NE 137 ST**
 CITY-ST-ZIP **ANTHONY FL 32617**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BLANKENSHIP, EMESE K**
 STREET ADDRESS **21197 LAKE ROAD**
 CITY-ST-ZIP **ROCKY RIVER, OH. 44116**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD MONTROWL, SHERYL J**
 STREET ADDRESS **9808 SW 54 LANE**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS CRAWFORD, WANDA**
 STREET ADDRESS **3515 NW 29 TERR**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DVP ENGLERT, TAMMIE**
 STREET ADDRESS **125 NE 3RD ST**
 CITY-ST-ZIP **GAINESVILLE FL 32601**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/01)