

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90213 042 \*\*\*\*70.00

**DOCUMENT # N99000003061**

**1. Entity Name**  
**VICTORY COMMUNITY CHRISTIAN CHURCH, INC.**



**Principal Place of Business**  
**2915 HICKORY RIDGE DRIVE**  
**LAKELAND FL 33813**

**Mailing Address**  
**P.O. BOX 92528**  
**LAKELAND FL 33804**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number 59-3587695**

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**

**REESE, MELVIN**  
**2915 HICKORY RIDGE DRIVE**  
**LAKELAND FL 33813**

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. I am familiar with, and accept the obligations of registered agent.**

**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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input type="checkbox"/> Delete
NAME	REESE, MELVIN REV.	
STREET ADDRESS	P.O. BOX 92528	
CITY-ST-ZIP	LAKELAND FL 33804	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REESE, BETTY	
STREET ADDRESS	P O BOX 92528	
CITY-ST-ZIP	LAKELAND FL 33804	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CARSON, AL	
STREET ADDRESS	932 N NEW YORK AVE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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*

5-09-03 863-647-4158

CR2E037 (10/02)