

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90274 033 ****70.00

DOCUMENT # N99000003796

1. Entity Name

VICTORY CHURCH OF GAINESVILLE, INC.

Principal Place of Business

Mailing Address

11816 CR 234
 MICANOPY FL 32667

PO BOX 215
 MICANOPY FL 32667

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

59-3582557

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

DECONNA, DONNA
 6300 NW CR 318
 ORANGE LAKE FL 32681

Name **BILL DECONNA**

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

11816 CR 234

City

MICANOPY

FL

Zip Code

32667

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

Bill DeConna

PRESIDENT

4-18-1

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DECONNA, BILL 11816 CR 234 MICANOPY FL 32667	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DECONNA, REBEKAH 11816 CR 234 MICANOPY FL 32667	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EFFLER, FRANK 5297 NW 25TH LOOP OCALA FL 34482	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D DECONNA, REBEKAH 11816 CR 234 MICANOPY, FL 32667	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D EFFLER, FRANK 5297 NW 25TH LOOP OCALA, FL 34482	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: *Bill DeConna* REBEKAH DECONNA 4/18/1 352-466-4388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)