2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # **N99000007326** May 08, 2000 8:00 am 1. Entity Name Secretary of State VICTORIOUS LIVING WORD & WORSHIP CENTER INC. 05-08-2000 90149 021 ****61.25 Principal Place of Business Mailing Address P.O. BOX 590224 7801 TAM O SHANTER BLVD. FT. LAUDERDALE FL 33359 N. LAUDERDALE FL 33068 2. Principal Place of Business DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) DENTLEY, CHARMAYNE 7801 TAM O SHANTER BLVD. N. LAUDERDALE FL 33068 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ☐ Addition PUSIDENT ☐ Delete TITLE TITLE KENNETH DENTLEY 1801 TAM O SHATER BIND NAME NAME STREET ADDRESS STREET ADDRESS N. LANDER DALE, FI 33068 CITY-ST-ZIP CITY-ST-ZIP DILECTOR Addition ☐ Delete ☐ Change TITLE JENNIFER SANDY NAME NAME 2971 DOWERING RD. STREET ADDRESS STREET ADDRESS POMPANO BCA. 61. 33069 CITY:ST-ZIP CITY-ST-ZIP DILECTOR TITLE Addition ☐ Delete TITLE TEARY BAIL NAME NAME 2330 NW YOTH AVE. STREET ADDRESS STREET ADDRESS LAUDERHIII, Fl. 33313 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TREASULEN ☐ Addition ☐ Delete TITLE TITLE BEATLICE DIXON NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE, El. 33331 SEC. TREASING ☐ Change ☐ Addition ☐ Delete TITI F TITLE Charmyine DENTLEY 7801 TAM O Showton BIVA. NAME NAME STREET ADDRESS STREET ADDRESS N. LAWOCHARK, FI 33068 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS 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