2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 25, 2001 8:00 am
Secretary of State
05-24-2001 90496 047 ****61.25

DOCUMENT # N99000007326

1. Entity Name
VICTORIOUS LIVING WORD WORSHIP CENTER INC.

Principal Place of Business	Mailing Address
5553 N. STATE Rd. 7 FT. LAUDERDALE, FL. 33319	P.O. Box 590224 FT. LAUDERDALE, FL. 33359

— 0033

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5553 N. STATE Rd. 7	P.O. Box 590224
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: FT. LAUDERDALE, FL	City & State: FT. LAUDERDALE, FL.
Zip: 33319 Country: USA	Zip: 33359 Country: USA

4. FEI Number: 65-0966011 ☐ 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
CHALMAYNE DENTLEY 7801 TAM O SHANTER BLVD. N. LAUDERDALE, FL. 33068	Name: N/A - SAME 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: [signature] Chalmayne Dentley (MANAGING DIRECTOR) 4/16/01
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	PRESIDENT KENNETH DENTLEY 7801 TAM O SHANTER BLVD. N. LAUDERDALE, FL. 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC/TREASURER/ADMINISTRATOR (MD) CHALMAYNE DENTLEY 7801 TAM O SHANTER BLVD. N. LAUDERDALE FL. 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JENNIFER SANDY 2971 W. POWERLINE RD. POMPANO BEACH, FL. 33313	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JERRY BAH 2330 NW 47TH AVE. LAUDERHILL, FL. 33313	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER BEATRICE DIXON 2770 SW 3 CT. DAVIE FL. 33331	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER VANNEA JONES 721 E. EVANSTON CIRCLE FT. LAUDERDALE, FL. 33312 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

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] CHALMAYNE DENTLEY 4-16-01 954-718-1841 954-485-0553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #