

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90002 045 ****70.00

DOCUMENT # 713008

1. Entity Name

VICTORY TABERNACLE OF BARTOW, INC.

Principal Place of Business

Mailing Address

**520 WEST HOOKER STREET
BARTOW FL 33830**

**520 WEST HOOKER STREET
BARTOW FL 33830**

2. Principal Place of Business

530 W. Hooker St.

3. Mailing Address

P.O. Box 134

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bartow, FL

City & State

Bartow, FL

4. FEI Number

59-2533442

Applied For

Not Applicable

Zip

33830

Country

USA

Zip

33831-0134

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NICHOLS, CLYDE
520 W HOOKER ST
BARTOW FL 33830**

7. Name and Address of New Registered Agent

Name

Rev. Greg Bowen

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

3849 Dovehollow Dr.

City

Lakeland

FL

Zip Code

33813

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

Rev. Greg Bowen

Rev. Greg Bowen, Pastor

4/17/01

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

TITLE **P** ☐ Delete
NAME **MITCHELL, ROY**
STREET ADDRESS **1235 ALTURAS RD**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **D** ☐ Delete
NAME **BOWEN, P G**
STREET ADDRESS **3849 DOVEHOLLOW DR**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **VP** ☒ Delete
NAME **KIRKLAND, HENRY**
STREET ADDRESS **602 NW THIRD ST**
CITY-ST-ZIP **MULBERRY FL 33860**

TITLE **D** ☐ Delete
NAME **OTTINGER, NOLEN R JR**
STREET ADDRESS **3405 FERNCLIFF LN**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **ST** ☐ Delete
NAME **BOWEN, WENDY**
STREET ADDRESS **3849 DOVEHOLLOW DR**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
NAME **Bowen, Paul Gregory Sr. (Rev.)**
STREET ADDRESS **3849 Dovehollow Dr.**
CITY-ST-ZIP **Lakeland, FL 33813**

TITLE **Deacon** ☐ Change ☒ Addition
NAME **Ottinger, Mary Ann (Rev.)**
STREET ADDRESS **3405 Ferncliff Ln**
CITY-ST-ZIP **Clearwater, FL 33761**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Bacher, Florence**
STREET ADDRESS **1150 S. Johnson Ave**
CITY-ST-ZIP **Bartow, FL 33830**
Deacon

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 #

(863)646-0505

CR2E037 (10/00)