

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755048

1. Entity Name

VICTORY BAPTIST CHURCH OF OSPREY, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90319 004 ****61.25

Principal Place of Business

Mailing Address

241 BURNEY RD
OSPREY FL 34229

241 BURNEY RD
OSPREY FL 34229-9443

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

59-2045440

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

ELAM, ARLO REV.
1109 DONA WAY
NOKOMIS FL 34275

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ELAM, ARLO REV.
STREET ADDRESS 1109 DONA WAY
CITY-ST-ZIP NOKOMIS FL

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

TITLE T ☐ Delete
NAME HUNT, EVERETT
STREET ADDRESS 1624 LILAC LN
CITY-ST-ZIP VENICE FL

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

TITLE TR ☐ Delete
NAME YOAKAM, RALPH
STREET ADDRESS 180 PALM AIR DR
CITY-ST-ZIP OSPREY FL

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

TITLE S ☒ Delete
NAME TANTOR, EILEEN
STREET ADDRESS 919 HAMPTON ROAD
CITY-ST-ZIP NOKOMIS FL 34275

TITLE ☒ Change ☐ Addition
NAME *Sclaudette Elam*
STREET ADDRESS *1109 Dona Way*
CITY-ST-ZIP *NOKOMIS, FL 34229*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)