

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

0014179

DOCUMENT # N42978

02-21-2001 90060 041 ****61.25

1. Entity Name

VICTORY BAPTIST CHURCH OF TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

1707 HOMEWOOD ROAD
 TALLAHASSEE FL 32303

1707 HOMEWOOD ROAD
 TALLAHASSEE FL 32303

922560



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2921490

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SANDERS, B. J.
4873 N. MONROE ST.
TALLAHASSEE FL 32303

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 NAME	D SANDERS, B. J.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4873 N. MONROE ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE NAME	D CALESTINI, JULIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1642 SPRINGWOOD DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE NAME	D SANDERS, ALLAN R.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4873 N. MONROE ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	D Elliott, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3032 Kaleb Court	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE NAME	D Edwards, R	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	301 John Yawn Place	
CITY-ST-ZIP	Havana, FL 32333	
TITLE NAME	D Beaumont, V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2106 Alton Road	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: VEON R. BURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

219101 850-575-0632
 Date Daytime Phone #

CR2E037 (10/00)