

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90022 037 \*\*\*\*61.25

**DOCUMENT # N42978**

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**

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

**59-2921490**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

**KEN RHOADS**

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

**7771 MAHAN DRIVE**

City

**TALLAHASSEE**

FL

Zip Code

**32309**

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

*Ken Rhoads*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-11-02**

**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ELLIOTT, S</b>
STREET ADDRESS	<b>3032 KALEB COURT</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>EDWARDS, R</b>
STREET ADDRESS	<b>301 JOHN YAWN PLACE</b>
CITY-ST-ZIP	<b>HAVANA FL 32333</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BEAUMONT, V</b>
STREET ADDRESS	<b>2108 ALTON ROAD</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Ken Rhoads*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/02**

Date

**950 595-01632**

Daytime Phone #

CR2E037 (9/01)