


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2007 8:00 am
Secretary of State

01-10-2007 90045 003 ****61.25

DOCUMENT # N42978 1. Entity Name VICTORY BAPTIST CHURCH OF TALLAHASSEE, INC.					
Principal Place of Business 1707 HOMEWOOD ROAD TALLAHASSEE, FL 32303		Mailing Address 1707 HOMEWOOD ROAD TALLAHASSEE, FL 32303			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2921490	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OWEN, CLYDE (retired) 19 OLD NAIL RD CRAWFORDVILLE, FL 32327			7. Name and Address of New Registered Agent Name <u>Terry Permenter</u> Street Address (P.O. Box Number is Not Acceptable) <u>1707 Home Wood Road</u> City <u>Tallahassee</u> <u>FL</u> Zip Code <u>32303</u>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Terry PERMENTER</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Terry L. Permenter</u> <small>(NOTE: Registered Agent Signature required when reinstating)</small>		DATE <u>8-1-07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOTT, S 3032 KALEB COURT TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Sam Elliott</u> <u>1444 Terrace St, no.1</u> <u>Tallahassee, FL 32303-5740</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, R 301 JOHN YAWN PLACE HAVANA, FL 32333	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Dell Spears</u> <u>4577 Yellow Bird Trail</u> <u>Tallahassee, FL 32310</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ROBBIE 2941 N SETTLERS BLVD TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Robbie Jones</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1-8-07</u>		Daytime Phone # <u>562-3163</u>

8-1-07
 66020718
 PASTOR



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