

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000002071

**Entity Name:** NEW VICTORY BAPTIST CHURCH, INC

**Current Principal Place of Business:**

6503 N. 15TH STREET  
TAMPA, FL 33610

**Current Mailing Address:**

6503 N. 15TH STREET  
P.O.BOX 4060  
TAMPA, FL 33677 US

**FEI Number:** 36-4701646

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

NATHAN, CLARENCE M  
1906 W. AILEEN STREET  
TAMPA, FL 33607 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PCEO  
Name NATHAN, CLARENCE M  
Address 1906 W. AILEEN STREET  
City-State-Zip: TAMPA FL 33607

Title ELDER, ADMINISTRATIVE PASTOR  
Name WILLIAMS, MICHAEL D  
Address 4606 ASHLAND DR  
City-State-Zip: TAMPA FL 33610

Title TRUSTEE  
Name MILLER, BETTY  
Address 6406 ALAMEDA COURT  
City-State-Zip: TAMPA FL 33610

Title TREASURER  
Name BROWN,, AUDREY  
Address 3221 E. CAYUGA  
City-State-Zip: TAMPA FL 33610

Title SEC  
Name WILLIAMS, PATRICIA A  
Address P.O. BOX 4242  
City-State-Zip: TAMPA FL 33677

Title DEACON / ASST. TREASURER  
Name MURRAY, FRANKLIN  
Address 8001 WICHITA WAY  
City-State-Zip: TAMPA FL 33619

Title TRUSTEE  
Name BULMER, SHERYAL  
Address 5901 LEOPARDSTOWN DR  
City-State-Zip: TAMPA FL 33610

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL D WILLIAMS

**ADMINISTRATIVE  
PASTOR**

**03/22/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date