

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708788

1. Entity Name

VICTORY BAPTIST CHURCH, INC. OF ORLANDO

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90110 003 ****70.00

Principal Place of Business

Mailing Address

6600 HOFFNER AVE
ORLANDO FL 32822-325
US

6600 HOFFNER AVE
ORLANDO FL 32822-325
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2171719

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

MYERS, BARBARA E.
5312 DEXTER ST
ORLANDO FL 32807

Name **Myers, Barbara E**

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

707 N. Solandra Dr.

City **Orlando**

FL

Zip Code **32807**

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 ☐ Delete
NAME **TR**
STREET ADDRESS **SCOTTO, TONY**
CITY-ST-ZIP **3839 JANIE CT.
ORLANDO FL**

TITLE ☒ Change ☐ Addition
NAME **TR**
STREET ADDRESS **Tony Scotto**
CITY-ST-ZIP **303 Knightland Ct.
Orlando FL 32824**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BORGESON, TIM**
CITY-ST-ZIP **1130 BELVEDERE ROAD
ORLANDO FL**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HALL, DWIGHT**
CITY-ST-ZIP **214 PALMYRA DR
ORLANDO FL**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HUGGINS, EDDIE**
CITY-ST-ZIP **5310 DEXTER STREET
ORLANDO FL**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HOWELL, MICHAEL**
CITY-ST-ZIP **9425 BUXTON CT.
ORLANDO FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **P**
STREET ADDRESS **Alexander Robertson**
CITY-ST-ZIP **1007 Pinar Drive
Orlando, FL 32825**

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: *Ronald Dwight Hall*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-2000

407-275-1631

Date

Daytime Phone #

CR2E037 (9/99)