

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725673

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** VICTORY CHURCH OF THE NAZARENE INC.

**Current Principal Place of Business:**

4401 58 ST N  
KENNETH CITY, FL 33709

**New Principal Place of Business:**

**Current Mailing Address:**

4401 58 ST N  
KENNETH CITY, FL 33709

**New Mailing Address:**

**FEI Number:** 59-6598021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAMBRICK, ROCLIN REV  
4401 58TH ST N  
SAINT PETERSBURG, FL 33709 US

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

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

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: RABB, ALLYSON  
Address: 9044 2 ST N  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: D ( ) Delete  
Name: DANIELS, BOB  
Address: 2400 GRANADA CIR E  
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: D ( ) Delete  
Name: JAMESON, CINDY  
Address: 10731 101 AVE. N  
City-St-Zip: SEMINOLE, FL 33772

Title: SD ( ) Delete  
Name: ANDERSON, ROSA  
Address: 4325 70TH AVE N  
City-St-Zip: PINELLAS PARK, FL 33781

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: RABB, ALLYSON  
Address: 9044 2 ST N  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T ( ) Change (X) Addition  
Name: RIBORDY, BERNIE  
Address: 8967 113 ST. N.  
City-St-Zip: SEMINOLE, FL 33772

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROSA ANDERSEN

SD

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date