

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **726602** (6)

1. Corporation Name

VICTORY BIBLE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**3906 ANDREWS AVENUE
P.O. BOX 18303
PENSACOLA FL 32505**

**3906 ANDREWS AVENUE
P.O. BOX 18303
PENSACOLA FL 32505**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/04/1973

4. FEI Number

59-3023200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

**REIERSON, ROBERT
3145 PATRICIA DR.
PENSACOLA FL 32508**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE

Robert Reiersen

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

Robert Reiersen PD

(NOTE: Registered Agent signature required when reinstating)

3-31-98

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

**KUNTZ, KIMBERLY
604 SUGARLEAF CT.
CANTONMENT FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**KUNTZ, RICHARD
604 SUGARLEAF CT.
CANTONMENT FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

**REIERSON, ROBERT
3145 PATRICIA DR
PENSACOLA, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD

**COTTON, ALLEN
5485 BRADLEY ST.
PENSACOLA FL 32528**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**CASTLEBERRY, KENNETH
3215 N. "A" ST.
PENSACOLA FL 32505**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert Reiersen

Robert Reiersen PD

3-31-98

850455-6302

CR2E037 (10/97)