

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90040 046 ****61.25

DOCUMENT # 726602

1. Entity 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**

623405



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3023200

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**REIERSON, ROBERT
3145 PATRICIA DR.
PENSACOLA FL 32506**

Name

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

City

FL

Zip Code

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 Robert Reierson P/D

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

(NOTE: Registered Agent signature required when reinstating)

2-12-2001

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 **S**
STREET ADDRESS **DEMAREST, CANDY**
CITY-ST-ZIP **6311 FAIRVIEW DR
PENSACOLA FL 32505**

TITLE ☒ Change ☐ Addition
NAME **TD**
STREET ADDRESS **Demarest, Candy**
CITY-ST-ZIP **6311 Fairview Dr.
Pensacola, FL 32526**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **REIERSON, ROBERT**
CITY-ST-ZIP **3145 PATRICIA DR
PENSACOLA, FL 00000**

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

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **COTTON, ALLEN**
CITY-ST-ZIP **5485 BRADLEY ST.
PENSACOLA FL 32526**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CASTLEBERRY, KENNETH**
CITY-ST-ZIP **3215 N. "A" ST.
PENSACOLA FL 32505**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Castleberry, Kenneth**
CITY-ST-ZIP **2015 Ryale Rd.
Cantonment, FL 32533**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **Garrett Kuntz**
CITY-ST-ZIP **3145 Patricia Dr.
Pensacola, FL 32526**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: Robert Reierson P/D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-2001

850-455-6302

Date

Daytime Phone #

CR2E037 (10/00)