

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90052 003 ****70.00

DOCUMENT # 726602

1. Entity Name

VICTORY BIBLE BAPTIST CHURCH, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3023200**

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert Reiersen Pres.*

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

Robert Reiersen

(NOTE: Registered Agent signature required when reinstating)

3-4-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ID** ☐ Delete
NAME **DEMAREST, CANDY**
STREET ADDRESS **8311 FAIRVIEW DR**
CITY-ST-ZIP **PENSACOLA FL 32528**

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

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

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

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

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

TITLE **D** ☐ Delete
NAME **CASTLEBERRY, KENNETH**
STREET ADDRESS **2015 RYALE RD.**
CITY-ST-ZIP **CANTONMENT FL 32533**

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

TITLE **SD** ☐ Delete
NAME **KUNTZ, GARRETT**
STREET ADDRESS **3145 PATRICIA DR.**
CITY-ST-ZIP **PENSACOLA FL 32526**

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

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 Reiersen Pres.* *Robert Reiersen* *3-4-03* *855-455-6302*

CR2E037 (10/02)