


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 19, 1999 8:00 am
Secretary of State

03-19-1999 90012 033 *****1.00

03-19-1999 90012 034 *****69.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745952

1. Corporation Name

VICTORY TABERNACLE MISSIONARY BAPTIST CHURCH OF TAMPA, INC.

Principal Place of Business

2716 N. 34TH
TAMPA FL 33605

Mailing Address

2716 N. 34TH
TAMPA FL 33605



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/14/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2663984	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent

MCGILL, ETHEL M
3005 DODGE ST.
TAMPA FL 33605

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVERSTREET, REV. JOHN L	1.2 NAME	
STREET ADDRESS	2612 W. LASALLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTEN, SYLVESTER	2.2 NAME	
STREET ADDRESS	3006 26TH AVE E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33605	2.4 CITY-ST-ZIP	
TITLE	CF <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCULLOUGH, SYLVESTER	3.2 NAME	
STREET ADDRESS	3415 E. HENRY AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGILL, ETHEL	4.2 NAME	
STREET ADDRESS	3005 DODGE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33605	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERIDA, ABDUL	5.2 NAME	
STREET ADDRESS	2530 REGAL RIVER RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, MELONESE	6.2 NAME	
STREET ADDRESS	4332 NORTH B ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Ethel McGill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/99
Date

813-621-6547
Daytime Phone #

CR2E037 (11/98)