

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 745952

1. Entity Name

VICTORY TABERNACLE MISSIONARY BAPTIST CHURCH
OF TAMPA, INC.



Principal Place of Business

2716 N. 34TH
TAMPA FL 33605

Mailing Address

PO BOX 11894
TAMPA FL 33680

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2663984

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

MCGILL, ETHEL M
3005 DODGE ST.
TAMPA FL 33605

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

Ethel M. McGill Secretary/Treasurer Ethel M. McGill

3/7/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE CD
NAME MOTEN, SYLVESTER ☐ Delete
STREET ADDRESS 3006 26TH AVE E.
CITY- ST- ZIP TAMPA FL 33605

TITLE CF
NAME MCCULLOUGH, SYLVESTER ☐ Delete
STREET ADDRESS 3415 E. HENRY AVE.
CITY- ST- ZIP TAMPA FL 33610

TITLE ST
NAME MCGILL, ETHEL ☐ Delete
STREET ADDRESS 3005 DODGE ST.
CITY- ST- ZIP TAMPA FL 33605

TITLE
NAME MERIDA, ABDUL ☐ Delete
STREET ADDRESS 2530 REGAL RIVER RD.
CITY- ST- ZIP VALRICO FL 33594

TITLE P
NAME SANDERS, EUGENE JR ☐ Delete
STREET ADDRESS 14510 MECCA PLACE
CITY- ST- ZIP TAMPA FL 33625

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
U000000089223
03/15/04-80084-002 70.00

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

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

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:

Ethel M. McGill Ethel M. McGill

3/7/04

813-626-7017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone