

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90384 015 ****69.00

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03072006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2663984	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCGILL, ETHEL M
 3005 DODGE ST.
 TAMPA, FL 33605

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MOTEN, SLYVESTER 3006 26TH AVE E. TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CF MCCULLOUGH, SLYVESTER 3415 E. HENRY AVE. TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCGILL, ETHEL 3005 DODGE ST. TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MERIDA, ABDUL 2530 REGAL RIVER RD. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDERS, EUGENE JR 14510 MECCA PLACE TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 McBell* 3/19/06 813-626-7017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #