2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

## **FILED DOCUMENT # 745952** Feb 19, 2007 08:00 AM Secretary of State VICTORY TABERNACLE MISSIONARY BAPTIST CHURCH OF TAMPA, INC. Principal Place of Business Mailing Address 2716 N. 34TH TAMPA FL 33605 PO BOX 11894 TAMPA FL 33680 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E037 (10/06) Applied For City & State 4. FEI Number City & State 59-2663984 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo MCGILL, ETHEL M Street Address (P.O. Box Number is Not Acceptable) 3005 DÓDGE ST. TAMPA FL 33605 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition HILE Change TITLE. CD Detele NAME NAME MOTEN. SLYVESTER U000000641793 STREET ADDRESS STREET ADDRESS 3006 26TH AVE E. 03/01/07-80013-026 70.00 CITY ST-7IP CHY+ST-7IP **TAMPA FL 33605** ☐ Change Addition Шű Delete TITLE NAME NAME MCCULLOUGH, SLYVESTER STREET ADDRESS STREET ADDRESS 3415 E. HENRY AVE. CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33610** Change Addition IIILE ITHE Delete ST NAME MCGILL, ETHEL STRUCT ADDRESS STREET ADDRESS 3005 DODGE ST. CITY-ST-ZIP CMY-SI-7IP **TAMPA FL 33605** Change Addition Delete ШЕ TILE NAME NAME MERIDA, ABDUL STREET ADDRESS STREET ADDRESS 2530 REGAL RIVER RD. CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 Change Addition Delete ШE IIIL NAME NAME SANDERS, EUGENE JR STREET ADDRESS STREET ADDRESS 14510 MECCA PLACE CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33625** Change Addition Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUV-SI-7IP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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