

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90023 018 ****70.00

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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**

40064083



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242008 Chg-NP CR2E037 (12/06)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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	<input type="checkbox"/> Delete
NAME	MOTEN, SYLVESTER	
STREET ADDRESS	3006 26TH AVE E.	
CITY-ST-ZIP	TAMPA, FL 33605	
TITLE	CF	<input type="checkbox"/> Delete
NAME	MCCULLOUGH, SYLVESTER	
STREET ADDRESS	3415 E. HENRY AVE.	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCGILL, ETHEL	
STREET ADDRESS	3005 DODGE ST.	
CITY-ST-ZIP	TAMPA, FL 33605	
TITLE	T	<input type="checkbox"/> Delete
NAME	MERIDA, ABDUL	
STREET ADDRESS	2530 REGAL RIVER RD.	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	P	<input type="checkbox"/> Delete
NAME	SANDERS, EUGENE JR	
STREET ADDRESS	14510 MECCA PLACE	
CITY-ST-ZIP	TAMPA, FL 33625	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGILL, Ethel	
STREET ADDRESS	3002 Dodge St	
CITY-ST-ZIP	Tampa, FL 33605	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4/7/08
Date

813-626-7017
Daytime Phone #