2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745952

FILED Apr 07, 2009 Secretary of State

Entity Name: VICTORY TABERNACLE MISSIONARY BAPTIST CHURCH OF TAMPA, INC.

Current F	Principal Place of Business:	New Principal Place of Business:
2716 N. 34 TAMPA, F		
Current Mailing Address:		New Mailing Address:
PO BOX 1 TAMPA, F		
FEI Number	r: 59-2663984 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
Name and	d Address of Current Registered Age	nt: Name and Address of New Registered Agent:
MCGILL, E 3005 DOE TAMPA, F		MCGILL, ETHEL M 3002 DODGE ST. TAMPA, FL 33605 US
	e named entity submits this statement fo te of Florida.	r the purpose of changing its registered office or registered agent, or both,
SIGNATU	IRE:	04/07/2009
	Electronic Signature of Registere	ed Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Fitle: Name: Address:	CD () Delete MOTEN, SLYVESTER 3006 26TH AVE E. TAMPA, FL 33605	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	CD () Delete MOTEN, SLYVESTER 3006 26TH AVE E.	Title: () Change () Addition Name: Address:
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Name: Address:	CD () Delete MOTEN, SLYVESTER 3006 26TH AVE E. TAMPA, FL 33605 CF () Delete MCCULLOUGH, SLYVESTER 3415 E. HENRY AVE.	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
DFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Naddress: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	CD () Delete MOTEN, SLYVESTER 3006 26TH AVE E. TAMPA, FL 33605 CF () Delete MCCULLOUGH, SLYVESTER 3415 E. HENRY AVE. TAMPA, FL 33610 ST () Delete MCGILL, ETHEL 3002 DODGE STREET	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ETHEL M. MCGILL ST 04/07/2009