

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90085 015 ****61.25

DOCUMENT # 750254

1. Entity Name

VICTORY BAPTIST CHURCH OF INVERNESS, INC.

Principal Place of Business

**SHSDY ACRE DR.
P.O. BOX 973
INVERNESS FL 34450
US**

Mailing Address

**SHSDY ACRE DR.
P.O. BOX 973
INVERNESS FL 34450
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2613080

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

**VISSCHER, EDWARD
7645 E. SHORE DR.
INVERNESS FL 34450**

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.

SIGNATURE

Edward H. Visscher

4-20-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** ☐ Delete
NAME **STILTS, RAY**
STREET ADDRESS **2861 N. KENT ST**
CITY-ST-ZIP **HERNANDO FL 32642**

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

TITLE **VCT** ☐ Delete
NAME **GODDARD, BERNARD**
STREET ADDRESS **6149 E. MALVERNA ST**
CITY-ST-ZIP **INVERNESS FL 34453**

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

TITLE **D** ☐ Delete
NAME **VISSCHER, EDWARD**
STREET ADDRESS **7645 E. SHORE DR.**
CITY-ST-ZIP **INVERNESS FL 34450**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Edward H. Visscher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02

352-637-0986

Date

Daytime Phone #

CR2E037 (9/01)