Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2001 8:00 am DOCUMENT # N0000001608 **Secretary of State** 1. Entity Name VICTORY WAY BAPTIST CHURCH, INC. 02-01-2001 90035 004 ****61.25 Principal Place of Business Mailing Address 7411 E. COMANCHE AVE. 7411 E. COMANCHE AVE. 1 10 0 4 2 4 TAMPA FL 33610-4201 TAMPA FL 33610-4201 ALL ABOVE IS CORRECT 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3653682 City & State City & State Applied For Not Applicable Country HILLS DOROUSH Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENNETT ERNEST A 8R. 6336 SPANISH MAIN DR. 3206 BLOOMINGDALE MAVE-APOLLO BEACH FL 98572 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 ENNEST A. BENNETT SR. Signature, typed or printed name of registered agent and title if applicable. (NOT 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be **FEE IS \$61.25** Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME THOMAS, JESSIE NAME STREET ADDRESS STREET ADDRESS 11201 RICE CREEK RD. CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FL 33569 L.J. WOODHAM DO 11306 BRIGHTRIDGE D. SEFFNER, FL, 33584 TITLE Qelete TITLE ☐ Addition NAME HAMMER, BYRON NAME STREET ADDRESS STREET ADDRESS 10314 TIMMONS RD. CITY-ST-ZIP CITY-ST-ZIP THONOTOSASSA FL 33592 TITLE ☐ Addition TITLE ☐ Delete NAME **NELSON, CLARENCE** NAME STREET ADDRESS STREET ADDRESS 4209 LOURY DR. CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL 33534 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.