

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01600

FILED
Feb 04, 2009
Secretary of State

Entity Name: VICTORY BAPTIST CHURCH OF INTERCESSION CITY, INC.

Current Principal Place of Business:

5646 S. ORANGE BLOSSOM
INTERCESSION CITY, FL 33848

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 370
INTERCESSION CITY, FL 33848

New Mailing Address:

FEI Number: 05-0015300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMLIN, ROY
6555 LOT 154 OLD LAKE WILSON RD
DAVENPORT, FL 33896 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD (X) Delete
Name: ARBUCKLE, ROBERT
Address: 2414 DYER BLVD
City-St-Zip: KISSIMMEE, FL 34741

Title: T () Delete
Name: DORR, EVEA
Address: P.O. BOX 223
City-St-Zip: INTERCESSION CITY, FL 33848

Title: S () Delete
Name: DELGADO, PHYLLIS
Address: P.O. BOX 662
City-St-Zip: INTERCESSION CITY, FL 33848

Title: D () Delete
Name: BUNDY, BUSTER
Address: P.O. BOX 200
City-St-Zip: INTERCESSION CITY, FL 33848

Title: T () Delete
Name: GIDDENS, HARDEE
Address: 3603 CR 547 N
City-St-Zip: DAVENPORT, FL 33837

Title: T () Delete
Name: MCGREGOR, JIM
Address: P.O. BOX 188
City-St-Zip: INTERCESSION CITY, FL 33848

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: GIDDENS, HARDY
Address: 3603 CR 547 N
City-St-Zip: DAVENPORT, FL 33837

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: EVEA DORR

T

02/04/2009

Electronic Signature of Signing Officer or Director

Date