

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90018 027 ****61.25

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1. Entity Name

VICTORY TABERNACLE CHRISTIAN CENTER INC.



Principal Place of Business

507 GULF BEACH HWY.
PENSACOLA FL 32507

Mailing Address

507 GULF BEACH HWY.
PENSACOLA FL 32507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2970480

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

LOWE, WALTER
1383 RULE ST.
PENSACOLA FL 32534

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 D ☐ Delete
NAME BLOXSON, GLORIA
STREET ADDRESS 7711 UNTREINER AV
CITY-ST-ZIP PENSACOLA FL 32534

TITLE D ☐ Delete
NAME MCCALL, ANGELA
STREET ADDRESS 6 MISSISSIPPI CIR.
CITY-ST-ZIP PENSACOLA FL 32505

TITLE D ☐ Delete
NAME LOWE, GENEVA
STREET ADDRESS 1383 RULE ST
CITY-ST-ZIP PENSACOLA FL 32534

TITLE D ☒ Delete
NAME BILLUPS, MARY
STREET ADDRESS 577 PAULA AVE.
CITY-ST-ZIP PENSACOLA FL 32507

TITLE D ☐ Delete
NAME HARRISON, JACQUELINE
STREET ADDRESS 7711 UNTREINER AVE
CITY-ST-ZIP PENSACOLA FL 32534

TITLE D ☐ Delete
NAME CULLIVER, DONNIE
STREET ADDRESS 1270 BOLIVIA ST.
CITY-ST-ZIP PENSACOLA FL 32534

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ 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 Section 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:

Jacqueline Harrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacqueline Harrison 4-1-06
Date

458 9936
478-0383
Daytime Phone #