

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90713 036 ****70.00

DOCUMENT # N02000005660

1. Entity Name

VICTORY WAY CHURCH, INC.



Principal Place of Business

**7411 E COMANCHE AVE
TAMPA FL 33610-4201**

Mailing Address

**7411 E COMANCHE AVE
TAMPA FL 33610-4201**

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

04-3723067

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HOLT, BRUCE G
7411 E COMANCHE AVE
TAMPA FL 33610-4201**

7. Name and Address of New Registered Agent

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 **Bruce G Holt PASTOR**

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

(NOTE: Registered Agent signature required when reinstating)

1/9/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, JAMES	
STREET ADDRESS	2008 WISHING WELL WAY	
CITY-ST-ZIP	TAMP FL 33619	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, MARGARET	
STREET ADDRESS	8750 SYMMES RD, LOT 109	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOLT, VICKIE	
STREET ADDRESS	903 W GARDEN ST	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MASTIN, ROBIN	
STREET ADDRESS	12130 US HWY 41 S, LOT 173	
CITY-ST-ZIP	GIBSONSON FL 33534	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE HOLT	
STREET ADDRESS	903 W. GARDEN ST.	
CITY-ST-ZIP	PLANT CITY, FLA. 33566	
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELEN I. KNIGHT	
STREET ADDRESS	13708 WALDEN SHEFFIELD RD.	
CITY-ST-ZIP	DOVER, FLA. 33527-5512	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **Signature Required**

1/9/03

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CR2E037 (10/02)