

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N13416

1. Corporation Name

VICTORY CHRISTIAN CENTER OF ST. PETERSBURG, INC.

Principal Place of Business

Mailing Address

D O DOV 41004

FILED Apr 30, 1999 8:00 am § Secretary of State

04-30-1999 90129 034 ****61.25



	UU 42ND AV N F. O. DOX 41691 ST. PETERSBURG FL 33709 ST. PETERSBURG FL 33743-1691 US									
2. Principal Pl	ace of Business	2a. Mailing Address				3. Date Incorporated 02/13/1986	l or Qualifed			
Suite, Apt.	#	Suite, Apt. #, etc.				4. FEI Number			Ann	lied For
Suite, Apr.	#, etc.	27				58-1655976				Applicable
City & State			City & State						\$8.75 A	
23		28				5. Certifcate of Statu	is Desired		Fee Rec	uired
Zip	Country	Zip		Country		6. Election Campaig	-		\$5.00	
24	25	29	30			Trust Fund Contri			Added to	Fees
	9. Name and Address of Current	81 N	lomo di d	10. Name and Addre		_	gent			
	0				$^{Name}\mathcal{C}\mathcal{H}$	1RISTINE	RUS	50		
BUSSO PATRICK K				82 8		ss (P.O. Box Number is	Not Acceptab	191- 4	- /	
- 8831-12 TI	i terrace N orth			83	(C)(H)	GIII AN		L .#		
ST: PETEF	ISBURG FL-33710			83						
				84 (City St	Peters Rure	ROM	r⁄ FI	85 Zip C	ode 1706
11 Dureuget	to the provisions of Sections 617 0502	and 617 1508 F	lorida Statutes 1	he above-n	amed como	ration submits this state	ement for the p	urpose of c		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
	m ramiliar with, and accept the obligation	risjor, Section 6	17,0505, Florida	Statutes.			4	1/20	109	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Regi	istered Apent sk	nature required	when reinstating)		/ATE	111	
12. OFFICERS AND DIRECTORS						ADDITIONS/CHAN	GES TO OFF	CERS AND	DIRECTOR	RS IN 12
TITLE	D		DELETE	1.1 TITLE					Change	☐ Addition
NAME	ROGERS, JOYCE			1.2 NAME						
STREET ADDRESS	1658 WINDSOR DR			1.3 STREET AD	ORESS					1
CITY-ST-ZIP	CLEARWATER FL 34615			1.4 CITY-ST-ZI	IP					
TITLE	PTD DELETE		2.1 TITLE					Change	Addition	
NAME	· · =		2.2 NAME						1	
STREET ADDRESS	6631 12TH TERR N		2.3 STREET AD	DRESS						
CITY-ST-ZIP	ST. PETERSBURG FL 33710		2. 4 CITY-ST-Z	1					Ì	
TITLE			3.1 TITLE					☐ Change	Addition	
NAME	TANNEHILL, STEVE			3.2 NAME						
STREET ADDRESS	4033 22ND AVENUE N			3.3 STREET AD	DRESS					
CITY-ST-ZIP	S. PETERSBURG FL			3.4. CITY+ST-Z						
TITLE	D		DELETE	4.1 TITLE					Change	☐ Addition
NAME	RUSSO, JUSTIN			4. 2 NAME						
STREET ADDRESS	4865 TAYLOR ST N			4.3 STREET AD	DRESS					
	ST PETERSBURG FL 33714			4.4 CITY-ST-ZI						
TITLE	S	T	DELETE	5.1 TITLE	"				Change	Addition
NAME	TANNEHILL, DEBBIE	_		5.2 NAME						
STREET ADDRESS	4033 22ND AVE N			5.3 STREET AD	DRESS					
	ST PETERSBURG FL 33713			5.4 CITY-ST-Z						,
CITY-ST-ZIP	SI FEIENSBUNG FL 33/ 13		DELETE	6.1 TITLE	- -				Change	Addition
		_		6.2 NAME						
NAME	·			6.3 STREET AD	DRESS					
STREET ADDRESS										

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: