

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13416

1. Entity Name

VICTORY CHRISTIAN CENTER OF ST. PETERSBURG, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90057 006 \*\*\*\*61.25

Principal Place of Business

5000 42ND AV N  
 ST. PETERSBURG FL 33709  
 US

Mailing Address

P. O. BOX 41691  
 ST PETERSBURG FL 33743-1691  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1655976

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RUSSO, CHRISTINE  
 6111 2ND ST E  
 #1  
 ST PETERSBURG BCH FL 33706

7. Name and Address of New Registered Agent

Name Steven Tannehill  
 Street Address (P.O. Box Number is Not Acceptable)  
4033 22nd Ave N  
 City St Petersburg FL Zip Code 33713

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

Steve Tannehill, President

Steve Tannehill

4/28/00

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

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | D                       | <input type="checkbox"/> Delete            |
| NAME           | ROGERS, JOYCE           |  |
| STREET ADDRESS | 1658 WINDSOR DR         |  |
| CITY-ST-ZIP    | CLEARWATER FL 34615     |  |
| TITLE          | PTD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | RUSSO, CHRISTINE        |  |
| STREET ADDRESS | 6631 12TH TERR N        |  |
| CITY-ST-ZIP    | ST. PETERSBURG FL 33710 |  |
| TITLE          | D                       | <input type="checkbox"/> Delete            |
| NAME           | TANNEHILL, STEVE        |  |
| STREET ADDRESS | 4033 22ND AVENUE N      |  |
| CITY-ST-ZIP    | S. PETERSBURG FL        |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> Delete |
| NAME           | RUSSO, JUSTIN           |  |
| STREET ADDRESS | 4865 TAYLOR ST N        |  |
| CITY-ST-ZIP    | ST PETERSBURG FL 33714  |  |
| TITLE          | S                       | <input type="checkbox"/> Delete            |
| NAME           | TANNEHILL, DEBBIE       |  |
| STREET ADDRESS | 4033 22ND AVE N         |  |
| CITY-ST-ZIP    | ST PETERSBURG FL 33713  |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | PTD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Tannehill Steve          |  |
| STREET ADDRESS | 4033 22nd Ave N          |  |
| CITY-ST-ZIP    | St. Petersburg, FL 33713 |  |
| TITLE          | D                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Freeman, Donald          |  |
| STREET ADDRESS | 4100 29th Ave N          |  |
| CITY-ST-ZIP    | St. Petersburg, FL 33713 |  |
| TITLE          | SV                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Debbie Tannehill         |  |
| STREET ADDRESS | 4033 22nd Ave N          |  |
| CITY-ST-ZIP    | St. Petersburg, FL 33713 |  |
| 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:

Debbie Tannehill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

327-1997

Daytime Phone #

CR2E037 (9/99)