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

## May 14, 2003 8:00 ams Secretary of State DOCUMENT # **N13416** 05-14-2003 90140 015 \*\*\*\*61.25 VICTORY CHRISTIAN CENTER OF ST. PETERSBURG. INC. Principal Place of Business Mailing Address 5000 42ND AV N P. O. BOX 41691 ST. PETERSBURG FL 33709 ST PETERSBURG FL 33743-1691 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 58-1655976 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TANNEHILL, STEVEN Street Address (P.O. Box Number is Not Acceptable) 4033 22ND AVE NORTH SAINT PETERSBURG FL 33713 City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE Addition TITLE Change ROGERS, JOYCE NAME NAME STREET ADDRESS 1658 WINDSOR DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 34615** TITLE ☐ Delete TITLE Change Addition FREEMAN, DONALD NAME NAME STREET ADDRESS 5400 28TH ST. N., #118 STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33711 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition TANNEHILL, STEVE NAME NAME STREET ADDRESS 4033 22ND AVENUE N STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33713 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition TANNEHILL, DEBBIE NAME NAME 4033 22ND AVE N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33713 TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

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.

CITY-ST-ZIP

NAME

STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP