

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38982

1. Entity Name

VICTORY BAPTIST CHURCH OF DELAND, INC.

Principal Place of Business

2179 N SPRING GARDEN AVE
DELAND FL 32720

Mailing Address

2179 N SPRING GARDEN AVE
DELAND FL 32720-2328

2. Principal Place of Business

2671, SPRING COURT

Suite, Apt. #, etc.

3. Mailing Address

2671, SPRING COURT

Suite, Apt. #, etc.

City & State

DELAND FL.

City & State

DELAND FL. ~~327~~

Zip

32720

Country

USA

Zip

32720

Country

USA

4. FEI Number

59-3017015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEREDITH, ED
2671 SPRING COURT
DELAND FL 32720

7. Name and Address of New Registered Agent

Name

MARY MERIDITH

Street Address (P.O. Box Number is Not Acceptable)

2671, SPRING COURT

City

DELAND

FL

Zip Code

32720

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

M. Meredith

MRS. MARY MERIDITH (Secretary)

3/28/00

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 checked="" type="checkbox"/> Delete
NAME	MEREDITH, ED	
STREET ADDRESS	2671 SPRING CT	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, ZANE	
STREET ADDRESS	240 NORTH STREET	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOWLING, BILL	
STREET ADDRESS	1010 SOUTH SPRING GARDEN AVE	
CITY-ST-ZIP	DELEON SPRINGS FL 32720	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, DAN	
STREET ADDRESS	5284 WEST AVE.	
CITY-ST-ZIP	DELAND SPRING FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MERIDITH, MARY	
STREET ADDRESS	2671 SPRING COURT	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	<i>MRS. SANDY PFERRER</i>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MRS. SANDY PFERRER	
STREET ADDRESS	103, EVERGREEN TERRACE,	
CITY-ST-ZIP	DELAND, FL. 32724	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MRS. PATRICIA INABNETT	
STREET ADDRESS	2140 ARRENDONDO GRANT DR.,	
CITY-ST-ZIP	DELEON SPRINGS, FL 32130	
TITLE	PASTOR D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEITH KELSEY	
STREET ADDRESS	2100, STRATFORD DRIVE,	
CITY-ST-ZIP	DELAND, FL. 32724	
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:

M. Meredith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

Date

904-943-8375

Daytime Phone #

CR2E037 (9/99)