


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N42978**  
 1. Entity Name  
**VICTORY BAPTIST CHURCH OF TALLAHASSEE, INC.**



Principal Place of Business 1707 HOMEWOOD ROAD TALLAHASSEE, FL 32303	Mailing Address 1707 HOMEWOOD ROAD TALLAHASSEE, FL 32303
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**DO NOT WRITE IN THIS SPACE**



01042006 No Chg-NP CR2E037 (11/05)

4. FEJ Number 59-2921490	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OWEN, CLYDE  
 19 OLD NAIL RD  
 CRAWFORDVILLE, FL 32327

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOTT, S 3032 KALEB COURT TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, R 301 JOHN YAWN PLACE HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ROBBIE 2941 N SETTLERS BLVD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000414089  
 02/11/06-80022-009 70.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Robbie Jones **1-30-06**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #