

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000005426**

1. Entity Name

VICTORY BAPTIST CHURCH OF ST. PETERSBURG, INC.

Principal Place of Business

**5545 62ND AVENUE NORTH
PINELLAS PARK FL 33781**

Mailing Address

**5545 62ND AVENUE NORTH
PINELLAS PARK FL 33781**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3410239

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****WELLS, F M JR
4911 PARK STREET NORTH
ST. PETERSBURG FL 33709****7. Name and Address of New Registered Agent**

Name

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

City

FL

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.

SIGNATURE

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** ☐ Delete
NAME **MCCHESNEY, WARREN**
STREET ADDRESS **4651 1ST NE**
CITY-ST-ZIP **ST PETERSBURG FL**TITLE **D** ☐ Delete
NAME **WILSON, TIMOTHY**
STREET ADDRESS **6264 GRETN GREEN COURT**
CITY-ST-ZIP **PINELLAS PARK FL**TITLE **T** ☒ Delete
NAME **QUICK, JACK B**
STREET ADDRESS **215 84TH AVE. N.**
CITY-ST-ZIP **ST PETERSBURG FL**TITLE **D** ☐ Delete
NAME **VITCO, STEPHEN**
STREET ADDRESS **7120 ORPINE**
CITY-ST-ZIP **ST PETERSBURG FL**TITLE **T** ☒ Delete
NAME **CRANE, DAVID**
STREET ADDRESS **4685 86TH AVE N**
CITY-ST-ZIP **PINELLAS PARK FL**TITLE **T** ☒ Delete
NAME **LIGHTFIELD, SCOTT**
STREET ADDRESS **6950 77TH TERR. NORTH**
CITY-ST-ZIP **PINELLAS PARK FL****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **T** ☐ Change ☒ Addition
NAME **WEST, HENRY**
STREET ADDRESS **5775 PARK STREET NORTH #201**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33701**TITLE **D** ☐ Change ☒ Addition
NAME **WHITE, RICHARD B.**
STREET ADDRESS **5745 16TH AVENUE NORTH**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33710**TITLE **D** ☐ Change ☒ Addition
NAME **FREDRICK, TOM**
STREET ADDRESS **5505 PINE CIRCLE N.E.**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33703**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

RICHARD B. WHITE, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90010 030 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)