

**2000 UNIFORM BUSINESS REPORT** **99-00AR**

DOCUMENT # **NA80000002469**  
 1. Entity Name  
**VICTORY FAMILY WORSHIP CENTER CHURCH OF DADE CITY, INC.**

FILED

00 FEB 17 PM 12:12

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**35535 STATE ROAD 52 35535 STATE ROAD 52**  
**DADE CITY, FL. 33525 DADE CITY, FL. 33525**

2. Principal Place of Business 3. Mailing Address:  
**35535 STATE ROAD 52 35535 STATE ROAD 52**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
**DADE CITY, FLORIDA DADE CITY, FLORIDA**  
 Zip Country Zip Country  
**33525 USA 35525 USA**

**5/15/99 90018 001 8/01.25**  
 DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For  
**59-3505726** Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GLENN HENDLEY**  
**14124 7TH STREET**  
**SUITE 3**  
**DADE CITY, FL. 33525**

7. Name and Address of New Registered Agent  
 Name **GLENN HENDLEY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**35535 STATE ROAD 52**  
 City **DADE CITY FL** Zip Code **33525**

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  **GLENN HENDLEY** DATE **2/13/2000**  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating.)

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 NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
<b>SEC./TREAS.-D. PAT ROGERS</b> <b>13410 BRADLEY DRIVE</b> <b>DADE CITY, FL. 33525</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CHAIRMAN - D. BURT WILLIAMS</b> <b>14806 MITCHELL STREET</b> <b>DADE CITY, FL. 33523</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>VICE CHAIRMAN - D. MICHAEL HOBBS</b> <b>12849 HOBBS ROAD</b> <b>DADE CITY, FL. 33525</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>DONNIE RIPPLE - D. SEC./TREAS.</b> <b>17451 SPRING VALLEY ROAD</b> <b>DADE CITY, FL. 33525</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>500003145475--9</b> <b>-02/24/00--01007--003</b> <b>*****70.00 *****70.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>KE</b>	

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:  **Donald W. Ripple** DATE **Feb 13, 2000** DAYTIME PHONE # **813-748-4508**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)