

2000 UNIFORM BUSINESS REGISTER

DOCUMENT # **NA80000002469**

1. Entity Name

**VICTORY FAMILY WORSHIP CENTER CHURCH
OF DADE CITY, INC.**

Principal Place of Business

**35535 STATE ROAD 52
DADE CITY, FL. 33525**

Mailing Address

**35535 STATE ROAD 52
DADE CITY, FL. 33525**

2. Principal Place of Business

35535 STATE ROAD 52
Suite, Apt. #, etc.

3. Mailing Address

35535 STATE ROAD 52
Suite, Apt. #, etc.

City & State

DADE CITY, FLORIDA

Zip
33525

Country
USA

City & State

DADE CITY, FLORIDA

Zip
33525

Country
USA

4. FEI Number

59-3505726

Applied For

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

Signature, typed or printed name of registered agent and date if applicable.

GLENN HENDLEY

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/2000

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 | SEC./TREAS.-D. PAT ROGERS 13410 BRADLEY DRIVE DADE CITY, FL. 33525 | <input checked="" 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 |
| 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 | CHAIRMAN - D. BURT WILLIAMS 14806 MITCHELL STREET DADE CITY, FL. 33523 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE CHAIRMAN - D. MICHAEL HOBBS 12849 HOBBS ROAD DADE CITY, FL. 33525 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DONNIE RIPPLE - D. SEC./TREAS. 17451 SPRING VALLEY ROAD DADE CITY, FL. 33525 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500003145475--9 -02/24/00--01007--003 *****70.00 *****70.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald W. Ripple

Date

Feb 13, 2000

Daytime Phone #

813-748-4508

CR2E037 (9/99)