

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004675

FILED
Mar 20, 2005
Secretary of State

Entity Name: VICTORY CHRISTIAN CENTER @ TAMPA BAY, INC.

Current Principal Place of Business:

15115 19TH ST
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

11321 N. OLA AVE.
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-3579726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DERMOTT, TRACEY J
11321 N. OLA AVE.
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEMPSEY, DAN R
Address: 18313 CITATION ST
City-St-Zip: LUTZ, FL 33549

Title: SD () Delete
Name: DEMPSEY, PATRICIA
Address: 18313 CITATION ST.
City-St-Zip: LUTZ, FL 33549

Title: TD () Delete
Name: DERMOTT, TRACEY J
Address: 11321 N. OLA AVE.
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: BELL, DENNIS
Address: 8038 DEERWOOD CIRCLE
City-St-Zip: TAMPA, FL 33610

Title: D (X) Delete
Name: EDWARDS, CHARLES
Address: PO BOX 272906
City-St-Zip: TAMPA, FL 33688

Title: D () Delete
Name: BARRY, BOB
Address: 5326 TUSCAWILLA CT.
City-St-Zip: WEEKI WACHEE, FL 34607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEMPSEY, DAN R
Address: 19511 BAKERSFIELD RD.
City-St-Zip: SPRING HILL, FL 36410

Title: SD (X) Change () Addition
Name: DEMPSEY, PATRICIA
Address: 19511 BAKERSFIELD RD.
City-St-Zip: SPRING HILL, FL 36410

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DERMOTT J. TRACEY

TD

03/20/2005

Electronic Signature of Signing Officer or Director

Date