

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90027 022 ****70.00

DOCUMENT # N99000004675

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



Principal Place of Business
**15115 19TH ST
LUTZ, FL 33549**

Mailing Address
**11321 N. OLA AVE.
TAMPA, FL 33612**

00000040



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3579726

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DERMOTT, TRACEY J~~ - **NAME IS**
DERMOTT J. TRACEY
TAMPA, FL 33612

Name **TRACEY, DERMOTT J.**
Street Address (P.O. Box Number is Not Acceptable) **11321 N. OLA AVE**
City **TAMPA** FL Zip Code **33612**

PLEASE CORRECT

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

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

(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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME **DEMPSEY, DAN R**
STREET ADDRESS **19511 BAKERSFIELD RD.**
CITY-ST-ZIP **SPRING HILL, FL 36410**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME **DEMPSEY, PATRICIA**
STREET ADDRESS **19511 BAKERSFIELD RD.**
CITY-ST-ZIP **SPRING HILL, FL 36410**

TITLE ☐ Change ☒ Addition
NAME **DIVEY, LARRY**
STREET ADDRESS **2640 HIDEAWAY**
CITY-ST-ZIP **VALAICO, FL 33594**

TITLE TD ☐ Delete
NAME **DERMOTT, TRACEY J**
STREET ADDRESS **11321 N. OLA AVE.**
CITY-ST-ZIP **TAMPA, FL 33612**

TITLE ☐ Change ☒ Addition
NAME **TRACEY, DERMOTT J.**
STREET ADDRESS **11321 N. OLA AVE**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE D ☐ Delete
NAME **BELL, DENNIS**
STREET ADDRESS **8038 DEERWOOD CIRCLE**
CITY-ST-ZIP **TAMPA, FL 33610**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME **BARRY, BOB**
STREET ADDRESS **5326 TUSCAWILLA CT.**
CITY-ST-ZIP **WEEKI WACHEE, FL 34607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **POWELL, FRANK**
STREET ADDRESS **1932 SEAN WOOD CR**
CITY-ST-ZIP **BRANDON, FL 33510**

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

DERMOTT J. TRACEY, JR.

DERMOTT J. TRACEY, JR.

DIRECTOR

1/5/06

813-335-6325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #