FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
-SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:34

DOCUMENT # **713008** **(1)**

1. Corporation Name

VICTORY TABERNACLE OF BARTOW, INC.

Principal Place of Business	Mailing Address
520 WEST HOOKER STREET BARTOW FL 33830	520 WEST HOOKER STREET BARTOW FL 33830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1967	3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2533442	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	**$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NICHOLS,CLYDE
520 W HOOKER ST
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	11 TITLE	D	☐ Change ☒ Addition
NAME	HARRIS, SHARON A.	12 NAME	Green, Willard	
STREET ADDRESS	565 WEST PEARL STREET	13 STREET ADDRESS	502 Lorraine Ct.	
CITY-ST-ZIP	BARTOW FL	14 CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	P	21 TITLE	D	☐ Change ☒ Addition
NAME	HARRIS, LLOYD	22 NAME	Campbell, Shirley	
STREET ADDRESS	820 HOLIDAY LN	23 STREET ADDRESS	555 N. 1st Ave.	
CITY-ST-ZIP	BARTOW, FL 00000	24 CITY-ST-ZIP	Bartow, FL 33830	
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	WHITMAN, MALCOLM	32 NAME		
STREET ADDRESS	1655 N FLORAL	33 STREET ADDRESS		
CITY-ST-ZIP	BARTOW, FL 00000	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	DUKE, J.V.	42 NAME		
STREET ADDRESS	1085 W. TURNER ST.	43 STREET ADDRESS		
CITY-ST-ZIP	BARTOW, FL 00000	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	STEPHENS, A. J.	52 NAME		
STREET ADDRESS	440 SUNSET DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL	54 CITY-ST-ZIP		
TITLE	SD	61 TITLE		☐ Change ☐ Addition
NAME	HARRIS, WILLIAM L.	62 NAME		
STREET ADDRESS	565 WEST PEARL STREET	63 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sharon A Harris Sharon A. Harris 2/20/95 (813)533-3171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0015093