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FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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**

3. Date Incorporated or Qualified: **06/28/1967**

4. FEI Number: **59-2533442** ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NICHOLS,CLYDE **520 W HOOKER ST** **BARTOW FL 33830**	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	GREEN, WILLARD		1.2 NAME	HAROLD HOWZE	
STREET ADDRESS	502 LORRAINE CT		1.3 STREET ADDRESS	3059 MERLE LANGFORD ROAD	
CITY-ST-ZIP	LAKE WALES FL		1.4 CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	GREEN, ELOISE		2.2 NAME	P. GREG BOWEN	
STREET ADDRESS	502 LORRAINE CT		2.3 STREET ADDRESS	3849 DOVEHOLLOW DRIVE	
CITY-ST-ZIP	LAKE WALES FL		2.4 CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	D	☐ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	STEPHENS, A.J		3.2 NAME	KIMBERLY MASON	
STREET ADDRESS	440 SUNSET DR		3.3 STREET ADDRESS	401 WINSTON AVE., APT. L-8	
CITY-ST-ZIP	BARTOW, FL 00000		3.4 CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	D	☐ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	DUKE, J.V.		4.2 NAME	VICTORIA L. JENKINS	
STREET ADDRESS	1085 W. TURNER ST.		4.3 STREET ADDRESS	1698 KAZEN ROAD	
CITY-ST-ZIP	BARTOW, FL 00000		4.4 CITY-ST-ZIP	WAUCHULA, FL 33873	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STEPHENS, A. J.		5.2 NAME		
STREET ADDRESS	440 SUNSET DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Victoria L Jenkins TREASURER
VICTORIA L. JENKINS 4/28/98 (941)533-6522