

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728277

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: VICTORY TABERNACLE CHURCH, INC.

**Current Principal Place of Business:**

527 WILLOW BRANCH  
VICTORY TABERNACLE  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

527 WILLOW BRANCH  
VICTORY TABERNACLE  
JACKSONVILLE, FL 32254

**New Mailing Address:**

FEI Number: 59-2527078      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NICHOLAS, LEBON A.  
2936 LENOX AVE.  
JACKSONVILLE, FL 32254      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: NICHOLAS, LEBON A  
Address: 2936 LENOX AVE  
City-St-Zip: JACKSONVILLE, FL 32254

Title: TD ( ) Delete  
Name: NICHOLAS, ANNIE V,  
Address: 2936 LENOX AVE  
City-St-Zip: JACKSONVILLE, FL 32254

Title: TD ( ) Delete  
Name: JENKINS, PATRICIA F.  
Address: 1010 MACKINAW ST  
City-St-Zip: JACKSONVILLE, FL 32254

Title: S ( ) Delete  
Name: JENKINS, IRIS A  
Address: 1010 MACKINAW ST  
City-St-Zip: JACKSONVILLE, FL 32254

Title: D ( ) Delete  
Name: NICHOLS, JEROME W  
Address: 2792 SUNNYSIDE ST  
City-St-Zip: JACKSONVILLE, FL 32254

Title: D ( ) Delete  
Name: BOATWRIGHT, DONTAVIES L  
Address: 2800 SOPHIA ST SUITE 6  
City-St-Zip: JACKSONVILLE, FL 32254

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: NICHOLAS, ANNIE Y  
Address: 2936 LENOX AVE  
City-St-Zip: JACKSONVILLE, FL 32254

Title: TD (X) Change ( ) Addition  
Name: JENKINS, PATRICIA F  
Address: 1010 MACKINAW ST  
City-St-Zip: JACKSONVILLE, FL 32254

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

Title: D (X) Change ( ) Addition  
Name: NICHOLAS, JEROME W  
Address: 2792 SUNNYSIDE ST  
City-St-Zip: JACKSONVILLE, FL 32254

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LEBON A NICHOLAS

PD

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date