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

APPROVED AND FILED
95 FEB -7 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **755048** **(6)**

1. Corporation Name
VICTORY BAPTIST CHURCH OF OSPREY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
846 S. TAMIAMI TRAIL OSPREY FL 34229	846 S. TAMIAMI TRAIL OSPREY FL 34229

3. Date Incorporated or Qualified: 11/07/1980
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-2045440 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip (24) Country (25)	Zip (29) Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

~~JOHNSON, SR., FRANK B REV.~~
~~4711 N. TAMIAMI TRAIL~~
~~APT #2~~
~~NOKOMIS FL 34275~~

10. Name and Address of New Registered Agent

81 Name: Rev. Arlo Elam
82 Street Address (P.O. Box Number is Not Acceptable): 1080 Piedmont Road
83:
84 City: Venice **FL** 85 Zip Code: 34293

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: Rev. Arlo Elam — Rev. Arlo Elam — January 17, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	~~JOHNSON, SR., FRANK B REV.~~	1.2 NAME	Rev. Arlo Elam	
STREET ADDRESS	~~4711 N. TAMIAMI TRAIL #2~~	1.3 STREET ADDRESS	1080 Piedmont Road	
CITY-ST-ZIP	~~NOKOMIS FL~~	1.4 CITY-ST-ZIP	Venice, FL 34293	
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	LAMB, DONALD C.	2.2 NAME		
STREET ADDRESS	3616 ASBURY PLACE	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP		
TITLE	~~SD~~	3.1 TITLE	T/D	☐ Change ☒ Addition
NAME	~~JOHNSON, MARYELLEN~~	3.2 NAME	Jim Travis	
STREET ADDRESS	~~4711 N. TAMIAMI TRAIL #2~~	3.3 STREET ADDRESS	449 Shamrock Blvd	
CITY-ST-ZIP	~~NOKOMIS FL~~	3.4 CITY-ST-ZIP	Venice, Fl 34293	
TITLE		4.1 TITLE	S	☒ Change ☐ Addition
NAME		4.2 NAME	Eileen Taintor	
STREET ADDRESS		4.3 STREET ADDRESS	919 Hampton Road	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Nokomis, Fl 34275	
TITLE	T.S. 2/--/95	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	200001 [illegible]	☐ Change ☐ Addition
NAME		6.2 NAME	-02/09/95--01124--003	
STREET ADDRESS		6.3 STREET ADDRESS	*****61.25 *****61.25	
CITY-ST-ZIP		6.4 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 asterisk.

SIGNATURE: Rev. Arlo Elam — Rev. Arlo Elam — 1-17-95 — 813-497-6545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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