

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Feb 08 1996 8:00 am

Secretary of State

DOCUMENT # **755048** (6)

1. Corporation Name

VICTORY BAPTIST CHURCH OF OSPREY, INC.



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
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number
59-2045440

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELAM, ARLO REV.
1080 PIEDMONT ROAD
VENICE FL 34293**

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 617.0602 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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

1/18/96

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **ELAM, ARLO REV.**
STREET ADDRESS **1080 PIEDMONT RD.**
CITY-STATE-ZIP **VENICE FL 34293**

TITLE **TD** ☐ DELETE
NAME **LAMB, DONALD C.**
STREET ADDRESS **3616 ASBURY PLACE**
CITY-STATE-ZIP **SARASOTA FL**

TITLE **TD** ☒ DELETE
NAME **TRAMS, JIM**
STREET ADDRESS **449 SHAMROCK BLVD.**
CITY-STATE-ZIP **VENICE FL 34293**

TITLE **S** ☐ DELETE
NAME **TAINTOR, EILEEN**
STREET ADDRESS **919 HAMPTON ROAD**
CITY-STATE-ZIP **NOKOMIS FL 34275**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 NAME
12 NAME
13 STREET ADDRESS **1109 DONA WAY**
14 CITY-STATE-ZIP **NOKOMIS, FL. 34275**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE **TD** ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS **716 LAUREL AVE**
34 CITY-STATE-ZIP **VENICE, FL. 34292**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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)(k), 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:

Eileen Taintor - EILEEN TAINTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

Daytime Phone #

CR2E037 (12/95)