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Jan 23 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 34229-8991

3. Date Incorporated or Qualified  
11/07/1980

3a. Date of Last Report  
02/08/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

SAME

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

1109 DONA WAY

83

84 City

NOKOMIS

FL

85 Zip Code

34275

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ELAM, ARLO REV.  
STREET ADDRESS 1109 DONA WAY  
CITY-ST-ZIP NOKOMIS FL

TITLE TD  
NAME LAMB, DONALD C.  
STREET ADDRESS 3616 ASBURY PLACE  
CITY-ST-ZIP SARASOTA FL

TITLE TD  
NAME FRANCIS, AL  
STREET ADDRESS 716 LAUREL AVENUE  
CITY-ST-ZIP VENICE FL

TITLE S  
NAME TANTOR, EILEEN  
STREET ADDRESS 919 HAMPTON ROAD  
CITY-ST-ZIP NOKOMIS FL 34275

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

*Arlo Elam*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97 (941) 488-2291  
Date Daytime Phone # 0062725

CR2E037 (9/96)