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NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 04 1998 8:00am
Secretary of State

DOCUMENT # **755048** (6)

1. Corporation Name

VICTORY BAPTIST CHURCH OF OSPREY, INC.

Principal Place of Business

**846 S. TAMiami TRAIL
OSPREY FL 34229**

Mailing Address

**846 S. TAMiami TRAIL
OSPREY FL 34229**

3. Date Incorporated or Qualified

11/07/1980

4. FEI Number

59-2045440

☒ Applied For
☐ Not Applicable

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.
1109 DONA WAY
NOKOMIS FL 34275**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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:

Arlo Rev. Elam

1-13-98 (941)966-4716

CR2E037 (10/97)