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Feb 22, 1999 8:00 am
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02-22-1999 90001 003 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **755048**

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~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 341 Burney Road	26 SAME	11/07/1980
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2045440 ☐ Applied For ☐ Not Applicable
23 City & State Osprey Fl.	28 City & State	5. Certifcate of Status Desired ☐ – $8.75 Additional Fee Required
24 Zip 34229 25 Country USA	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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 _____ DATE _____
Signature, typed or printed name of registered agent and date, as applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ELAM, ARLO REV.		1.2 NAME		
STREET ADDRESS	1109 DONA WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL		1.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	2.1 TITLE	Trustee	☒ Change ☐ Addition
NAME	LAMB, DONALD C.		2.2 NAME	Everett Hunt	
STREET ADDRESS	3616 ASBURY PLACE		2.3 STREET ADDRESS	1624 Lilac Lane	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	Venice Fl. 34293	
TITLE	TD	☒ DELETE	3.1 TITLE	Trustee	☒ Change ☐ Addition
NAME	FRANCIS, AL		3.2 NAME	Ralph Yoakam	
STREET ADDRESS	716 LAUREL AVENUE		3.3 STREET ADDRESS	180 Palm Air Dr.	
CITY-ST-ZIP	VENICE FL		3.4. CITY-ST-ZIP	Osprey, Fl. 34229	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TAINTOR, EILEEN		4. 2 NAME		
STREET ADDRESS	919 HAMPTON ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL 34275		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 an attachment with any address, with all other like empowered.

SIGNATURE: Arlo Elam STATE SECURED 1/4/99 (941) 966-4716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #