## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## May 04, 2004 8:00 am Secretary of State **DOCUMENT # 755048** 1. Entity Name VICTORY BAPTIST CHURCH OF OSPREY, INC. 05-04-2004 90140 016 \*\*\*\*61.25 Principal Place of Business Mailing Address 241 BURNEY RD 241 BURNEY RD **OSPREY, FL 34229** OSPREY, FL 34229 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092004 Chg-NP CR2E037 (10/03) City & State City & State Applied For 4. FEI Number 59-2045440 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent lhomas E. Thombson ELAM. ARLO REV. 1109 DONA WAY 🥳 Street Address (P.O. Box Number is Not Acceptable) NOKOMIS, FL 34275 Central Sarasota PKW4 # 1323 Zip Code 34-238 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Due by May 1, 2004 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE Change ☐ Addition ELAM, ARLO REV. NAME Thompson Thomas E. 4148 Central Societa Pkwy 41323 NAME 425 RUBEUS DR STREET ADDRESS STREET ADDRESS NOKOMIS, FL 34275 CITY-ST-7IP CITY-ST-ZiP Sorsola, PL 34238 TITLE **X** Delete nne Change Addition 📈 Luther De Witt 4557 maroldo Ave NORTH PORT, FL 34287 NAME THOMPSON, TAMMY NAME 4148 CENTRAL SARASOTA PKWY #1323 STREET ADORESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34238 CITY-ST-7IP TR TITLE Delete RILE Addition Roy Westmoreland 2080 N. Mobile Est DR EVANS, RICK NAME NAME STREET ADDRESS 245 BAY ST #27 STREET ADDRESS CITY-ST-ZIP OSPREY, FL 34229 CITY-ST-ZIP Sarasota, FL 34231 TITLE ☐ Delete ΠΠE ☐ Change ■ Addition ELAM, CLAUDETTE NAME NAME **425 RUBENS DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-73P NOKOMIS, FL 34275 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ППЕ ☐ Delete THE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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Daytime Phone #

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