2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# 755048

Entity Name: VICTORY BAPTIST CHURCH OF OSPREY, INC.

Current Principal Place of Business:

241 BURNEY RD
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

241 BURNEY RD
OSPREY, FL 34229

New Mailing Address:

FEI Number: 59-2045440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, THOMAS E
4148 CENTRAL SARASOTA PKWY
#1323
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	THOMPSON, THOMAS E	
Address:	4148 CENTRAL SARASOTA PKWY #1323	
City-St-Zip:	SARASOTA, FL 34238	
Title:	TR	( ) Delete
Name:	DE WITT, LUTHER	
Address:	4557 MAROLDO AVE	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	T	( ) Delete
Name:	WESTMORLAND, ROY	
Address:	2050 N. MOBILE EST DR.	
City-St-Zip:	SARASOTA, FL 34231	
Title:	S	( ) Delete
Name:	ELAM, CLAUDETTE	
Address:	425 RUBENS DRIVE	
City-St-Zip:	NOKOMIS, FL 34275	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. THOMPSON PD 01/10/2005

Electronic Signature of Signing Officer or Director — Date