

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90094 039 ****61.25

DOCUMENT # 755048

1. Entity Name

VICTORY BAPTIST CHURCH OF OSPREY, INC.



Principal Place of Business

241 BURNEY RD
OSPREY FL 34229

Mailing Address

241 BURNEY RD
OSPREY FL 34229

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2045440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Arlo Elam

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

425 Rubens Dr.

City

Nokomis

FL

Zip Code

34275

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME THOMPSON, THOMAS E
STREET ADDRESS 4148 CENTRAL SARASOTA PKWY #1323
CITY-ST-ZIP SARASOTA FL 34238

TITLE TR ☐ Delete
NAME DE WITT, LUTHER
STREET ADDRESS 4557 MAROLDO AVE
CITY-ST-ZIP NORTH PORT FL 34287

TITLE T ☐ Delete
NAME WESTMORLAND, ROY
STREET ADDRESS 2050 N. MOBILE EST DR.
CITY-ST-ZIP SARASOTA FL 34231

TITLE S ☐ Delete
NAME ELAM, CLAUDETTE
STREET ADDRESS 425 RUBENS DRIVE
CITY-ST-ZIP NOKOMIS FL 34275

TITLE Clerk ☐ Delete
NAME Dianna Eplin
STREET ADDRESS 8484 Herbison Ave
CITY-ST-ZIP North Port FL 34287

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Elam Arlo
STREET ADDRESS 425 Rubens Dr.
CITY-ST-ZIP Nokomis, FL 34275

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE:

Arlo Elam

1-27-06 941-966-4716