FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(8)

VICTORY WORSHIP CENTER OF SOUTH FLORIDA INC.

Principal Place of Business

Mailing Address

FILED Jan 22 1997 8:00am Secretary of State



% Ronald J. Byrd 1049 Brown Road Lantana Fl. 33462			% ronald J. Byrd 1049 Brown Road Lantana FL 33462-5931	1049 BROWN ROAD				3a . Da	te of Last R 03/22/19:	eport 96	
2. Principal P	2a. Mailing Address				4. FEI Number		AF	plied For			
29 1915 N'A' STREET 26 VWC.							65-0307867		Nc	ot Applicable	
					Taur		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	<u>460</u>			28 LAKE WORTH, FL			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip		Country 25 4 S A	29 33460	\vdash	ountry		8. This corporation has liability for			. 199.032,	
24 25 45 A 29 33460 30 C						U S 1 Florida Statutes ☐ Yes ☑ No 10. Name and Address of New Registered Agent					
	y, replie	and Address of Cal	Terr Hedistered Warit		81	Name	10. Italie Bio Addiss of Hear A	agister ou A	Maire		
DVDN D	ONIAL D. I										
BYRD, RONALD J.						82 Street Address (P.O. Box Number is Not Acceptable)					
1049 BROWN ROAD LANTANA FL 33462						·				<u> </u>	
LANTAIN	M LE 9940	L				_					
					84	City		FL	85 Zip	Code	
11. Pursuant	to the provis	sions of Sections 617 (0502 and 617 1508 Florida Statu	ites the	abov	e-named co	prporation submits this statement for the		changing if	ts registered	
office or r agent. I a	registered ag m familiar w	gent, or both, in the St ith, and accept the ob	late of Florida. Such change was oligations of, Section 617,0503, F	authori Iorida S	zed by tatute:	y the corpoi s.	ration's board of directors. I hereby according	ept the appo	intment as	registered	
SIGNATURE	Signature typed	for printed name of registered	agent and title if applicable (NO	TE: Regist	ered Age	ent signature rec	quired when reinstating)	DATE			
12.	3, 3, 4, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		AND DIRECTORS	1:			ADDITIONS/CHANGES TO OFF		DIRECTOR	3S IN 12	
TITLE	D		DELETE	1.5	1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME	BYRD, I	REV. RONALD J.		1,3	2 NAME	1	•				
STREET ADDRESS	1049 BI	rown RD		1.3	a staee1	ADDRESS					
CITY-ST-ZIP	LANTAN	IA FL		1.4	4 CHTY-5	ST-ZIP	i				
TITLE	D		☐ DELETE		1 TITLE			<u>-</u>	Change	Addition	
NAME	COLBY,	SHERRY		2.2	2 NAME						
STREET ADDRESS	1	NN HILL DRIVE		2.3	3 STREET	ADDRESS					
CITY - ST - ZIP	LANTAN	IA FL		2	4 CITY-	ST-ZIP					
TITLE	D		DELETE	_	1 TITLE				Change	Addition	
NAME	BUSMA	n, kraig		3.3	2 NAME				•		
STREET ADDRESS	l	"A" STREET				T ADDRESS					
CITY-ST-ZIP		ORTH FL			4. CITY-						
TITLE			DELETE		1 TITLE				Change	☐ Addition	
NAME				4.	2 NAME		•				
STREET ADDRESS	!			4.3	3 STREE	TADDRESS					
CITY - ST - ZIP	[ľ	4 CITY-5	i					
TITLE			DELETE		1 TITLE				Change	☐ Addition	
NAME				5.3	2 NAME	ĺ					
STREET ADDRESS	1					ADDRESS					
CITY - ST - ZIP				1	4 CITY-S	. 1					
TITLE			DELETE		1 TITLE				Change	Addition	
NAME	1			- 16	2 NAME	1			-		
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP	1				4 CITY-						
G111 W1 411				0.							

14. I do 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: