

FILE NOW: FILING FEE IS \$61.25

FILED
Aug 25 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N94000002840 (6)
1. Corporation Name
VICTORY CHURCH OF LORD JESUS CHRIST INC.



| | |
|---|--|
| Principal Place of Business 1068 W. 28TH ST. RIVIERA BEACH FL 33404 | Mailing Address 1068 W. 28TH ST. RIVIERA BEACH FL 33404-4101 |
|---|--|

| | | | | | | | |
|--------------------------------|-------------|-------------------------|-------------|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/06/1994 | | 3a. Date of Last Report 02/14/1996 | |
| 21 | | 26 | | 4. FEI Number NOT APPLICABLE | | Applied For Not Applicable | |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23. City & State | | 28. City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24. Zip | 25. Country | 29. Zip | 30. Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

**CAMPBELL, URIAH
1068 W. 28TH ST.
RIVIERA BEACH FL 33404**

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | CAMPBELL, URIAH | |
| STREET ADDRESS | 410 W. 36 ST. | |
| CITY-ST-ZIP | RIVIERA BEACH FL 33404 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | SPRINGER, SHEILA | |
| STREET ADDRESS | 800 W 38 CT | |
| CITY-ST-ZIP | W. PALM BEACH FL 33406 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | BROWN, ULALEE | |
| STREET ADDRESS | 410 W. 36 ST. | |
| CITY-ST-ZIP | RIVIERA BEACH FL 33404 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | CAMPBELL, THELMA J | |
| STREET ADDRESS | 410 W 36TH STREET | |
| CITY-ST-ZIP | RIVIERA BEACH FL 33404 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | WILKINSON, ERWIN | |
| STREET ADDRESS | 231 HURON PL | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | MINOTT, DOLORES | |
| STREET ADDRESS | 1400 VILLAGE BLVD. | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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.

CR2E037 (9/96)