FILE NOW: FILING FEE IS $61.25

FILED
Mar 11 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 # **N96000002883 (4)**

1. Corporation Name
VICTORY PRAISE CENTER, INC.

Principal Place of Business	Mailing Address
2890 MONTE CARLO TRAIL ORLANDO FL 32805	2890 MONTE CARLO TRAIL ORLANDO FL 32805-4350

3. Date Incorporated or Qualified: 05/31/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRIFFIN, WILLIE L JR
2890 MONTE CARLO TRAIL
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 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: WILLIE L. GRIFFIN JR SECRETARY/DIRECTOR — 1-30-97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	DOUGLAS, RALPH		1.2 NAME	NATHANIEL SHAZIER	
STREET ADDRESS	1104 N NOWELL ST		1.3 STREET ADDRESS	1316 22ND STREET	
CITY-ST-ZIP	ORLANDO FL 32808		1.4 CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, WILLIE L JR		2.2 NAME		
STREET ADDRESS	2890 MONTE CARLO TR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32805		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NORMAN, CAREY		3.2 NAME		
STREET ADDRESS	469 WINDING HOLLOW AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCOEE FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PELT, ANTHONY		4.2 NAME		
STREET ADDRESS	5829 LULLABY LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32810		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, JESSIE		5.2 NAME		
STREET ADDRESS	1623 CRESTLAWN AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32805		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MARINE, JAMES		6.2 NAME		
STREET ADDRESS	2581 BLUEGILL ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32839		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: RALPH DOUGLAS PRES./DIR. — 1-30-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0016670