


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32262** (0)
1. Corporation Name
VICTORY ASSEMBLY OF GOD OF LAKE LAND, FL., INC.



Principal Place of Business 1401 GRIFFIN RD LAKE LAND FL 33809 US	Mailing Address PO BOX 90489 LAKE LAND FL 33804-0489 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/11/1989	3a. Date of Last Report 02/08/1996
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number 59-2954281		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. 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 ENGLISH, DOUGLAS W 1401 GRIFFIN ROAD LAKE LAND FL 33809		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKBURN, M. WAYNE	1.2 NAME	
STREET ADDRESS	2209 MALACHITE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND FL	1.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLISH, DOUGLAS W	2.2 NAME	
STREET ADDRESS	7105 O'DONIEL LOOP W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, H. M	3.2 NAME	
STREET ADDRESS	325 TYLER AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEUCHT, PAUL	4.2 NAME	
STREET ADDRESS	522 N. WABASH ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIAN, JOE	5.2 NAME	
STREET ADDRESS	403 SOUTH ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASSO, JOE A. JR.	6.2 NAME	
STREET ADDRESS	5226 GLENMORE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND FL	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.

SIGNATURE:  **Douglas W. English** 1/16/97 (941)859-6000
DAYTIME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052704

CR2E037 (9/96)