

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90072 047 ****61.25

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DOCUMENT # N32262

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
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 33810

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/11/1989

4. FEI Number

59-2954281

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

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

33810

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME BLACKBURN, M. WAYNE
STREET ADDRESS 2209 MALACHITE DR
CITY-ST-ZIP LAKE LAND FL

☐ DELETE

TITLE AS
NAME ENGLISH, DOUGLAS W
STREET ADDRESS 7105 O'DONIEL LOOP W.
CITY-ST-ZIP LAKE LAND FL

☐ DELETE

TITLE TD
NAME HOWARD, H. M
STREET ADDRESS 325 TYLER AVENUE
CITY-ST-ZIP LAKE LAND FL

☐ DELETE

TITLE SD
NAME FEUCHT, PAUL
STREET ADDRESS 522 N. WABASH ROAD
CITY-ST-ZIP LAKE LAND FL

☐ DELETE

TITLE D
NAME CHRISTIAN, JOE
STREET ADDRESS 403 SOUTH ROAD
CITY-ST-ZIP LAKE LAND FL

☐ DELETE

TITLE D
NAME JASSO, JOE A. JR.
STREET ADDRESS 5226 GLENMORE DR
CITY-ST-ZIP LAKE LAND FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

DISAPPOINTED REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 26, 1999

Date

(941) 859-6000

Daytime Phone #

CR2E037 (11/98)