

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728277

Entity Name: VICTORY TABERNACLE CHURCH, INC.**Current Principal Place of Business:**527 WILLOW BRANCH AVENUE
VICTORY TABERNACLE
JACKSONVILLE, FL 32254**Current Mailing Address:**527 WILLOW BRANCH AVENUE
VICTORY TABERNACLE
JACKSONVILLE, FL 32254**FEI Number:** 59-2527078**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NICHOLAS, LEBON A.
2936 LENOX AVE.
JACKSONVILLE, FL 32254 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	NICHOLAS, LEBON A
Address	2936 LENOX AVE
City-State-Zip:	JACKSONVILLE FL 32254

Title	V
Name	NICHOLAS, ANNIE Y
Address	2936 LENOX AVE
City-State-Zip:	JACKSONVILLE FL 32254

Title	T
Name	JENKINS, PATRICIA F
Address	1010 MACKINAW ST
City-State-Zip:	JACKSONVILLE FL 32254

Title	S, SECRETARY
Name	NICHOLAS, KANDACE
Address	2771 COLLEGE ST 2
City-State-Zip:	JACKSONVILLE FL 32205

Title	D
Name	NICHOLAS, JEROME W
Address	2792 SUNNYSIDE ST
City-State-Zip:	JACKSONVILLE FL 32254

Title	D
Name	NICHOLAS, TERRY L
Address	851 BENBOW STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	SECRETARY
Name	WOODARD, VANESSA
Address	1525 WINDLE STREET
City-State-Zip:	JACKSONVILLE FL 32209

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEBON NICHOLAS**PRESIDENT****02/06/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date