

**2022 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**

**03/08/2022**

Electronic Signature of Signing Officer/Director Detail

Date