

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 708788

1. Entity Name
VICTORY BAPTIST CHURCH, INC. OF ORLANDO



Principal Place of Business
**6600 HOFFNER AVE
ORLANDO, FL 32822-325 US**

Mailing Address
**6600 HOFFNER AVE
ORLANDO, FL 32822-325 US**



04172007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2171719

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HERNANDEZ, HOLMES
5206 CONCH CT.
ORLANDO, FL 32819**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000728766
05/08/07-80012-012 8.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HERNANDEZ, HOLMES
STREET ADDRESS	5206 CONCH CT.
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	D
NAME	HERNANDEZ, LUZ M
STREET ADDRESS	5206 CONCH CT.
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	D
NAME	ROLON, BRENDA
STREET ADDRESS	2934 AUTUMN RUN CT.
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/07-80012-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **HOLMES HERNANDEZ**

04/18/07

407 718 1439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #