

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **708817** (2)
1. Corporation Name
VICTORY BAPTIST CHURCH INC., OF JACKSONVILLE



Principal Place of Business
**10613 LEM TURNER RD
JACKSONVILLE FL 32218**

Mailing Address
**10613 LEM TURNER RD
JACKSONVILLE FL 32218**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/19/1965		3a. Date of Last Report 02/17/1995	
21		26		4. FEI Number 59-6183727		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TERRELL, CURTIS 11034 BISCAYNE BLVD. JACKSONVILLE FL 32218				81 Name ALTON BOYETT			
				82 Street Address (P.O. Box Number is Not Acceptable) 11111 PINE ESTATES ROAD			
				83			
				84 City JACKSONVILLE FL 85 Zip Code 32218			

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 *Alton Boyett* **2/6/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VAN DELINDER, JOHN C. D			1.2 NAME	Alton Boyett		
STREET ADDRESS	10613 LEMTURNER RD.			1.3 STREET ADDRESS	11111 Pine Estates Road		
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP	Jacksonville, FL 32218		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REWIS, RALPH			2.2 NAME	Tom Effler		
STREET ADDRESS	15239 CAPE DRIVE N			2.3 STREET ADDRESS	1309 Piedmont Road		
CITY-ST-ZIP	JACKSONVILLE, FL 0			2.4 CITY-ST-ZIP	Jacksonville, FL 32218		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICHARDSON, MACK			3.2 NAME	John Anderson		
STREET ADDRESS	4040 WINDY GALE DRIVE			3.3 STREET ADDRESS	Rt 2 Box 840		
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP	Callahan, FL 32011		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TERRELL, CURTIS			4.2 NAME			
STREET ADDRESS	11034 BISCAYNE BLVD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *John C. Van Delinder* **2-03-96** **904-764-7781**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)