

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **708817** (2)  
1. Corporation Name  
**VICTORY BAPTIST CHURCH INC., OF JACKSONVILLE**

Principal Place of Business <b>10613 LEM TURNER RD JACKSONVILLE FL 32218</b>	Mailing Address <b>10613 LEM TURNER RD JACKSONVILLE FL 32218</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>04/19/1965</b>	4. FEI Number <b>59-6183727</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**BOYETT, ALTON  
11111 PINE ESTATES ROAD  
JACKSONVILLE FL 32218**

10. Name and Address of New Registered Agent 81 Name <b>Lundy, Carl</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>7880 Paul Revere Drive</b> 83 84 City <b>Jacksonville</b> FL 85 Zip Code <b>32208</b>
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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 Carl E. Lundy Carl E. Lundy 2-6-98  
Signature, typed or printed name of registered agent and the (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD VAN DELINDER, JOHN C. D 10613 LEMTURNER RD. JACKSONVILLE FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	C BOYETT, ALTON 11111 PINE ESTATES ROAD JACKSONVILLE, FL 0
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SD EFFLER, TOM 1309 PIEDMONT ROAD JACKSONVILLE FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TD ANDERSON, JOHN RT 2 BOX 840 CALLAHAN FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lundy, Carl
2.3 STREET ADDRESS	7880 Paul Revere Drive
2.4 CITY-ST-ZIP	Jacksonville, FL 32208
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Carl E. Lundy Carl E. Lundy 2-6-98 (904) 764-7781  
Signature and typed or printed name of signing officer or director Date Daytime Phone # (none)

CR2E037 (10/97)