

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 708817**

1. Entity 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**



01102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-6183727**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MERRIWETHER, SCOTT  
9350 MIDDLEBURY GLEN CT.  
JACKSONVILLE, FL 32256**

**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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
VAN DELINDER, JOHN C. D  
10613 LEMTURNER RD.  
JACKSONVILLE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
MERRIWETHER, SCOTT  
9350 MIDDLEBURY GLEN CT.  
JACKSONVILLE, FL 32256**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
GRIFFIN, BRUCE  
3940 BASSENT  
JACKSONVILLE, FL 32218**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KICHER, MICHAEL  
1231 SUMMIT OAKS DRIVE WEST  
JACKSONVILLE, FL 32221**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DENHAM, KENNETH  
92 GRIFFIN BLUFF ROAD  
KINGSLAND, GA 31548**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

110000384389  
01/17/06-80009-019 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/06

Date

904-764-778

Daytime Phone #