


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90021 042 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6183727	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LUNDY, CARL 43813 FREEDOM DRIVE CALLAHAN, FL 32011			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	VAN DELINDER, JOHN C. D		NAME	Intem Pastor <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gary Wheeler 10613 Lem Turner Road Jacksonville, FL 32218	
STREET ADDRESS	10613 LEMTURNER RD.		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL		CITY - ST - ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		
NAME	LUNDY, CARL		NAME		
STREET ADDRESS	43813 FREEDOM DRIVE		STREET ADDRESS		
CITY - ST - ZIP	CALLAHAN, FL 32011		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		
NAME	FOWLER, JEFF		NAME		
STREET ADDRESS	9438 FORD ROAD		STREET ADDRESS		
CITY - ST - ZIP	BRYCEVILLE, FL 32092		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	ANDERSON, JOHN		NAME		
STREET ADDRESS	45153 STRATTON ROAD		STREET ADDRESS		
CITY - ST - ZIP	CALLAHAN, FL 32011		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	WRIGHT, DAVE		NAME		
STREET ADDRESS	12125 PROSPECT DRIVE N.		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32218		CITY - ST - ZIP		
TITLE	MD	<input type="checkbox"/> Delete	TITLE		
NAME	KOERTS, JAMES		NAME		
STREET ADDRESS	521 MOBY DICK DRIVE S.		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32218		CITY - ST - ZIP		
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: <i>Carl E. Lundy</i>			Date: <i>1/27/08</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					