## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

THE VICTORY BAPTIST CHURCH OF WEST PALM BEACH, I

NC. Principal Place of Business Mailing Address

## **FILED** May 20 1997 8:00am Secretary of State



BEACH 4601 FOREST HILL BLVD. W. PALM BEACH FL 33415			BEACH 4601 FOREST HILL BLVD. W. PALM BEACH FL 33415-5639					Date Incorporated	d or Qualified	3a. Date	of Last R	eporl	
									06/11/196	5	0	3/08/19	96
2. Principal Place of Business			2a. Mailing Address						4. FEI Number			IA A	optied For
21		26					1	59-100101	13		No	of Applicable	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired See Required Fee Required					
City & State			City & State				$\neg \neg$	6. Election Campaig	n Financing		\$5.00	May Be	
23			28						Trust Fund Contri	bution			to Fees
Zip	Country	Zip Cour			Country	, ,		8. This corporation has liability for intangible tax under s. 199			. 199.032,		
24	25			29 30					Florida Statules Yes No				
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent					
						81	Name						
	), C. Warren Balink Court				82	Street Address (P.O. Box Number is Not Acceptable)							
	ORTH FL 33467	:			83					· · · · · · · · · · · · · · · · · · ·			
						84	City				FL	<b>85</b> Zip	Code
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 reoffice 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 regagent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.												ls registered registered	
SIGNATURE Signature, typed or printed name of registered agent and title # applicable. (NOTE Registered Agent agent are required when reinstating)  DATE													
12.		FFICERS AND D	DIRECTOR	₹S	1	3.			ADDITIONS/CHAN	IGES TO OFFIC	ERS AND I	DIRECTOR	RS IN 12
TITLE	PD			DELETE	1	.1 TITLE						Change	Addition
NAME	BEATY, LEONARD	H.			1	2 NAME							l i
STREET ADDRESS	2542 HAVENWOO	1.3 S			3 STREET	ADDRESS							
CITY-ST-ZIP	W. PALM BEACH	FL			1	4 CITY - 9	ST - ZIP						
TITLE	VD			DELETE	2	. TITLE						Change	Addition C
NAME	HIGGS, JAMES L.	2.2 N			2.2 NAME								
STREET ADDRESS	5917 ST.BARBARA	2.3 \$			2.3 STREET ADDRESS		ŀ						
CITY-ST-ZIP	W. PALM BEACH				P. M. CITY - ST - ZIP								
TITLE	TD			DELETE	3	TITLE						Change	Addition
NAME	ARNOLD, C. WAR				3	. NAME							1
STREET ADDRESS	3703 HERTFORD	COURT		4	3	.\$ STREET	ADDRESS						İ
CITY-ST-ZIP	LAKE WORTH FL	· · · · · · · · · · · · · · · · · · ·		· • • • • • • • • • • • • • • • • • • •		. CITY-	ST-ZIP						
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NAME .					`4	. 2 NAME							ĺ
STREET ADDRESS					4	.\$ STREET	ADDRESS						
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NAME					5	.≱ NAME							
STREET ADDRESS					5	.\$ STREET	ADDRESS						
CITY-ST-ZIP					5	4 CITY-S	ST-ZIP					_	
₹ITLE				☐ DELFTE	6	.i TITLE					[	Change	Addition
NAME					6	. NAME							
STREET ADDRESS					6	3 STREET	ADDRESS						
CITY-ST-ZIP					6	A CITY-S	ST-ZIP	<u></u>					

I do hereby certify that the information supplied with this filling 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.