


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90073 020 ****61.25

| | |
|--|---|
| DOCUMENT # 709122 |  |
| 1. Entity Name THE VICTORY BAPTIST CHURCH OF WEST PALM BEACH, INC. | |

00014437



01182006 Chg-NP CR2E037 (11/05)

| | | | |
|--|---------|--|---------|
| Principal Place of Business BEACH 4601 FOREST HILL BLVD. W. PALM BEACH, FL 33415 | | Mailing Address BEACH 4601 FOREST HILL BLVD. W. PALM BEACH, FL 33415 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | | |
|---|--|--|
| 4. FEI Number 59-1001013 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent ARNOLD, C. WARREN 3703 HERTFORD COURT LAKE WORTH, FL 33467 | | 7. Name and Address of New Registered Agent 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 C Warren Arnold
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. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|---|---------------------------------------|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BEATY, HAL 2542 HAVENWOOD WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HIGGS, JAMES L. 5917 ST. BARBARA ST. WEST PALM BEACH, FL 33415 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ARNOLD, C. WARREN 3703 HERTFORD COURT LAKE WORTH, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5809 NOTTINGHAM RD WEST PALM BLCH, FL, 33415 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: C Warren Arnold C. WARREN ARNOLD 1/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

561-965-5009