


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90146 035 \*\*\*\*61.25

**DOCUMENT # 725673**

1. Entity Name  
**VICTORY CHURCH OF THE NAZARENE INC.**



Principal Place of Business  
**4401 58 ST N  
 KENNETH CITY, FL 33709**

Mailing Address  
**4401 58 ST N  
 KENNETH CITY, FL 33709**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01052005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-6598021** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HAMBRICK, ROELIN REV** *Roelin*  
**4401 58TH ST N  
 SAINT PETERSBURG, FL 33709**

**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 *Roelin K. Hambrick* DATE 3/7/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HECKATHORNE, ANN M	
STREET ADDRESS	7238 55 AVE N.	
CITY-ST-ZIP	ST PETERSBURG, FL 33709	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PUCKETT, ARVIN	
STREET ADDRESS	5317 TANGERINE AVE. S	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILKINSON, LUTHER	
STREET ADDRESS	6128 38TH AVE N.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ANDERSON, ROSA	
STREET ADDRESS	4325 70TH AVE N	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bryan, Arlene	
STREET ADDRESS	9511 45 ST. N.	
CITY-ST-ZIP	Pinellas Park, FL 33782	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Daniels	
STREET ADDRESS	2400 Granada Cir E	
CITY-ST-ZIP	ST. Petersburg, FL 33712	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grace Wade	
STREET ADDRESS	6346 35 Ave N.	
CITY-ST-ZIP	ST. Petersburg, FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Roelin K. Hambrick* DATE: 3/7/05 DAYTIME PHONE #: 727 546-0990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #