## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State DOCUMENT # 728277** 02-07-2006 90029 029 \*\*\*\*61.25 1. Entity Name VICTORY TABERNACLE CHURCH, INC. Principal Place of Business Mailing Address 527 WILLOW BRANCH 527 WILLOW BRANCH VICTORY TABERNACLE JACKSONVILLE FL 32254 VICTORY TABERNACLE JACKSONVILLE FL 32254 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-2527078 Not Applicable Zio Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NICHOLAS, LEBON A. Street Address (P.O. Box Number is Not Acceptable) 2936 LENOX AVE. JACKSONVILLE FL 32254 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition NICHOLAS, LEBON A NAME NAME 2936 LENOX AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32254 CITY-ST-ZIP TD Delete ☐ Change TITLE TITLE ☐ Addition NICHOLAS, ANNIE V 2936 LENOX AVE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32254 CITY-ST-ZIP CITY-ST-7IP TD ☐ Delete ☐ Change ☐ Addition TITLE TITLE JENKINS, PATRICIA F. NAME NAME 1010 MACKINAW ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32254 CITY-ST-ZIP Delete Change ☐ Addition TITLE JENKINS, IRIS A NAME NAME STREET ADDRESS 1010 MACKINAW ST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32254 CITY-ST-ZIP ח TITLE ☐ Delete TITLE ☐ Change ☐ Addition NICHOLS, JEROME W NAME NAME 2792 SUNNYSIDE ST STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32254 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition BOATWRITGHT, DONTAVIES L NAME NAME 2800, son hia st. # A 7844 GREGORY DR., APT 102 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIP CITY-ST-ZIP

FILED

Feb 07, 2006 8:00 am

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lehan Statutes Lehan Micholas 1/89/06 (904) 384-72717

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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