

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 728277</b>	
1. Entity Name <b>VICTORY TABERNACLE CHURCH, INC.</b>	

Principal Place of Business <b>527 WILLOW BRANCH VICTORY TABERNACLE JACKSONVILLE FL 32254</b>	Mailing Address <b>527 WILLOW BRANCH VICTORY TABERNACLE JACKSONVILLE FL 32254</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-2527078</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>NICHOLAS, LEBON A. 2936 LENOX AVE. JACKSONVILLE FL 32254</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLAS, LEBON A 2936 LENOX AVE JACKSONVILLE FL 32254 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000613031 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/08/07-80056-023 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NICHOLAS, ANNIE V 2936 LENOX AVE JACKSONVILLE FL 32254 <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	TD JENKINS, PATRICIA F. 1010 MACKINAW ST JACKSONVILLE FL 32254 <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	S JENKINS, IRIS A 1010 MACKINAW ST JACKSONVILLE FL 32254 <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	D NICHOLS, JEROME W 2792 SUNNYSIDE ST JACKSONVILLE FL 32254 <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	D BOATWRIGHT, DONTAVIES L 2800 SOPHIA ST SUITE 6 JACKSONVILLE FL 32254 <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 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Lebon A. Nicholas Lebon A. Nicholas 1/28/07 (904) 384-7277