


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2008 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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01052008 No Chg-NP CR2E037 (4/06)

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

**NICHOLAS, LEBON A.  
2936 LENOX AVE.  
JACKSONVILLE, FL 32254**

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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>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000778787</b> <b>01/11/08-80011-014 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<b>NICHOLAS, LEBON A</b>
NAME	
STREET ADDRESS	<b>2936 LENOX AVE</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32254</b>
TITLE <b>TD</b>	<b>NICHOLAS, ANNIE V</b>
NAME	
STREET ADDRESS	<b>2936 LENOX AVE</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32254</b>
TITLE <b>TD</b>	<b>JENKINS, PATRICIA F.</b>
NAME	
STREET ADDRESS	<b>1010 MACKINAW ST</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32254</b>
TITLE <b>S</b>	<b>JENKINS, IRIS A</b>
NAME	
STREET ADDRESS	<b>1010 MACKINAW ST</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32254</b>
TITLE <b>D</b>	<b>NICHOLS, JEROME W</b>
NAME	
STREET ADDRESS	<b>2792 SUNNYSIDE ST</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32254</b>
TITLE <b>D</b>	<b>BOATWRIGHT, DONTAVIES L</b>
NAME	
STREET ADDRESS	<b>2800 SOPHIA ST SUITE 6</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32254</b>

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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:** Lebon A. Nicholas Lebon A. Nicholas 1/6/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #