

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728277

FILED
Jan 20, 2009
Secretary of State

Entity Name: VICTORY TABERNACLE CHURCH, INC.

Current Principal Place of Business:

527 WILLOW BRANCH
VICTORY TABERNACLE
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

527 WILLOW BRANCH
VICTORY TABERNACLE
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 59-2527078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NICHOLAS, LEBON A
Address: 2936 LENOX AVE
City-St-Zip: JACKSONVILLE, FL 32254

Title: TD () Delete
Name: NICHOLAS, ANNIE V,
Address: 2936 LENOX AVE
City-St-Zip: JACKSONVILLE, FL 32254

Title: TD () Delete
Name: JENKINS, PATRICIA F.
Address: 1010 MACKINAW ST
City-St-Zip: JACKSONVILLE, FL 32254

Title: S () Delete
Name: JENKINS, IRIS A
Address: 1010 MACKINAW ST
City-St-Zip: JACKSONVILLE, FL 32254

Title: D () Delete
Name: NICHOLS, JEROME W
Address: 2792 SUNNYSIDE ST
City-St-Zip: JACKSONVILLE, FL 32254

Title: D () Delete
Name: BOATWRIGHT, DONTAVIES L
Address: 2800 SOPHIA ST SUITE 6
City-St-Zip: JACKSONVILLE, FL 32254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: NICHOLAS, ANNIE Y
Address: 2936 LENOX AVE
City-St-Zip: JACKSONVILLE, FL 32254

Title: TD (X) Change () Addition
Name: JENKINS, PATRICIA F
Address: 1010 MACKINAW ST
City-St-Zip: JACKSONVILLE, FL 32254

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NICHOLAS, JEROME W
Address: 2792 SUNNYSIDE ST
City-St-Zip: JACKSONVILLE, FL 32254

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEBON A NICHOLAS

PD

01/20/2009

Electronic Signature of Signing Officer or Director

Date