2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address.

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Feb 23, 2004 8:00 am DOCUMENT # 729007 **Secretary of State** 1. Entity Name 02-23-2004 90048 041 ****61.25 VICTORY BAPTIST CHURCH & SCHOOLS, INC. Principal Place of Business Mailing Address 1309 COUNTRY ROAD 452 EUSTIS FL 32726 1309 CR 452 **04000000** EUSTIS FL 32726 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-1493309 Not Applicable Zip Country Zip 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 ASHLEY, CHARLES Street Address (P.O. Box Number is Not Acceptable) 1600 ALAN DRIVE EUSTIS FL 32726 City Zio 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, typed or printed na FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Change Addition Delete Thurman Childers. FISHER, MICHAEL NAME NAME 2906 Fórest Rd. 34627 ESTEES RD STREET ADDRESS STREET ADDRESS EUSTIS FL 32726 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KULTURIDES, LOUIS NAME NAME 40 N EUSTIS ST #1 STREET ADDRESS STREET ADDRESS EUSTIS FL 32726 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition ☐ Delete ASHLEY, CHARLES NAME 1600 ALAN DRIVE STREET ADDRESS STREET ADDRESS **EUSTIS FL** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition GAMAIN, PHILIPPE NAME NAME 3229 INDIAN TRL STREET ADDRESS STREET ADDRESS EUSTIS FL 32726 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition CHARLTON, KEITH NAME NAME 912 EDGEWATER DR STREET ADDRESS STREET ADDRESS **EUSTIS FL** CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition STEVERWALD, JIM NAME NAME 37339 TURNER DR STREET ADDRESS STREET ADDRESS UMATILLA FL CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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

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