FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT #**

(3)

VICTORY CURICTIAN CENTER CULIBOU INC

VICTOR	T CHRISTIAN CENTER (nunun, ING					
Principal Place of Business		Mailing Address					TÜNL GIRDI BIRIL BİRİN BIRIL BIRIL BIRIL IBDI
1134 BLANDING ORANGE PARK	1134 BLANDING BLVD. ORANGE PARK FL 32065	i-8704					
					-	3. Date incorporated or Qualified 03/28/1974	3a. Date of Last Report 04/03/1996
Principal Place of Business 1		2a. Mailing Address 26				4. FEI Number	
Suite, Apt #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Coun	try		8. This corporation has liability for	
24	9. Name and Address of Curi	29 29 Agent	30			Florida Statutes 10. Name and Address of New Re	Yes No
	p. 144110 2110 A001044 01 0011	ent negleteled Agent		1 Name	e	to, Name and Address of New He	Sisterac wSaur
MANNIN	G. T. D.		L				
	ANDING BLVD.			2 Stree	t Addres	ss (P.O. Box Number is Not Acceptab	ole)
	PARK FL 32065		Ī	3	•		
			ļ.	4 City		4.1	85 Zip Code
11. Pursuant t	to the provisions of Sections 617.0 egistered agent, or both, in the Sta	502 and 617.1508, Florida State	utes, the abo	ve-name	d corpor	ration submits this statement for the pin's board of directors. I hereby accept	ourpose of changing its registered
agent. I a	m familiar with, and accept the ob	igations of, Section 617.0503, F	Florida Statu	les.	n por acio	ns board of directors. Thereby acces	pt the appointment as registered
SIGNATURE		***************************************					
12.	Signature, typed or printed name of registered	AND DIRECTORS	DTE: Registered a	lgent signatu	re required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	PD	DELETE	1.1 TITL		1	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	MANNING, T. D.			1.2 NAME			
STREET ADDRESS 1134 BLANDING BLVD.			1.3 SYREET ADDRESS		,		
CITY-ST-ZIP	ORANGE PARK FL		1.4 CITY-ST-ZIP				
TITLE			2.1 TITL				☐ Change ☐ Addition
NAME	DI AOV EDEOEDIOVE		2.2 NAM	E ·			
STREET ADDRESS	432 LA PAZ AVE		1	ET ADDRESS	,]
CITY-ST-ZIP	ORANGE PARK FL			-ST-ZIP			
TITLE	SD	☐ DELETE	3.1 TITL		1	0	Change Addition
NAME	DOWNARD, BOB		3,2 NAM	E	' '		,
STHEET ADDRESS	2251 DAISY COURT		3.3 STRI	ET ADDRESS	;		
CITY-ST-ZIP	MIDDLEBURG FL		3.4. CIT	-ST-ZIP		_	
TITLE		☐ DELETE	4.1 THL		5	D	Change 🔀 Addition
NAME			4. 2 NAA	 €	H/	all, D. Craig	
STREET ADDRESS			4.3 STRE	ET ADDRESS	60	I CHARLES CARROL	
CITY - ST - ZIP			4.4 CITY	-ST-ZIP	06		32073
TITLE		☐ DELETE	5.1 TITL	•		- · · · 	☐ Change ☐ Addition
NAME			5.2 NAM	E	ĺ		
STREET ADDRESS			5.3 STR	ET ADDRESS	:		
CITY-ST-ZIP			5.4 CITY	··· ··· · · · · · · · · · · · · · · ·			
TITLE		DELETE	6.1 TITE				☐ Change ☐ Addition
NAME	•		6.2 NAM	E			
STREET ADDRESS			6.3 STRE	ET ADDRESS	: [

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY - ST - ZIP

FILED

May 20 1997 8:00am

Secretary of State