

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$185 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 13 AM 10:10

DOCUMENT # 735827

(8)

1. Corporation Name

UNITED VICTORY CHURCH, INC.

Principal Place of Business

Mailing Address

C/O UNITED VICTORY CHURCH  
P O BOX 2184  
HAWTHORNE FL 32640-9184

C/O UNITED VICTORY CHURCH  
P O BOX 2184  
HAWTHORNE FL 32640-9184

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1976

3a. Date of Last Report

08/09/1994

4. FEI Number

23-7301375

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☒ FILING FEE IS  
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARKER, MARY  
RT. 1, BOX 302 - J  
HAWTHORNE FL 32640

81 Name

Renald Neely

82 Street Address (P.O. Box Number is Not Acceptable)

830 CR 20 A

83

Hawthorne Fla 32640

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Renald Neely PDC

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PDC  
NEELY, RENALD  
BOX 2184  
HAWTHORNE FL

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VD  
PARKER, MARY  
RT. 1, BOX 302-J  
HAWTHORNE FL

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

ADNENS NORMAN  
Rt 1 Box 330 (TTS)  
Hawthorne Fla

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TSD  
NEELY, CHARMAINE  
BOX 2184  
HAWTHORNE FL

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

Neely Charmaine  
Box 2184 (TVD)  
Hawthorne Fla

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

Renald Neely

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/95 (1704) 481 4991