

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **735327** (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

3. Date Incorporated or Qualified  
**05/17/1976**

3a. Date of Last Report  
**06/13/1995**

2. Principal Place of Business  
21 **United Victory Church**  
Suite, Apt. #, etc.  
22 **P.O. Box 2184**  
City & State  
23 **Hawthorne, FL**  
Zip Country  
24 **32640** 25  
2a. Mailing Address  
26 **United Victory Church**  
Suite, Apt. #, etc.  
27 **P.O. Box 2184**  
City & State  
28 **Hawthorne, FL**  
Zip Country  
29 **32640** 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEELY, RENALD**  
**830 CR 20-A**  
**HAWTHORN FL 32640**

81 Name **Neely, Renald**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**109 Cornell St.**  
83 **Interlachen**  
84 City  
**FL** 85 Zip Code  
**32148**

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*

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/18/1996**

12. OFFICERS AND DIRECTORS

TITLE	<b>PDC</b>	<input type="checkbox"/> DELETE
NAME	<b>NEELY, RENALD</b>	
STREET ADDRESS	<b>BOX 2184</b>	
CITY-ST-ZIP	<b>HAWTHORNE FL</b>	
TITLE	<b>TTS</b>	<input type="checkbox"/> DELETE
NAME	<b>ADNENS, NORMAN</b>	
STREET ADDRESS	<b>RT 1 BOX 330</b>	
CITY-ST-ZIP	<b>HAWTHORNE FL</b>	
TITLE	<b>TVD</b>	<input type="checkbox"/> DELETE
NAME	<b>NEELY, CHARMAINE</b>	
STREET ADDRESS	<b>BOX 2184</b>	
CITY-ST-ZIP	<b>HAWTHORNE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PDC</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Neely, Renald</b>	
1.3 STREET ADDRESS	<b>109 Cornell St.</b>	
1.4 CITY-ST-ZIP	<b>Interlachen, FL 32148</b>	
2.1 TITLE	<b>TTS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DON M. LEBLANC</b>	
2.3 STREET ADDRESS	<b>Box 655</b>	
2.4 CITY-ST-ZIP	<b>Orange Springs, FL 32182</b>	
3.1 TITLE	<b>TVD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Neely, Charmaine</b>	
3.3 STREET ADDRESS	<b>109 Cornell St.</b>	
3.4 CITY-ST-ZIP	<b>Interlachen, FL 32148</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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*

**2/23/96 (904) 684-6580**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

4-2-96