## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthain

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735827

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UNITED	VICTORY CHURCH, INC.				
Principal Place	of Business	Mailing Address		t im best and der sylde; bester botto state	INNE MENTE NEUTE MENTE MENTE MENTE BENTE 1981
P O BOX 2184 P O BOX 2184		UNITED VICTORY CHURCH P O BOX 2184 HAWTHORNE PL 32640 2184			
INSTRUMENT !	32040-3104	THIRTINGING TE OLUMETRY		<ol> <li>Date Incorporated or Qualified 05/17/1976</li> </ol>	3a. Date of Last Report 04/02/1996
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 P.O. Box 1	071	23-7301375	Not Applicable
Suite, Apt #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State	<u> </u>	6. Election Campaign Financing	\$5.00 May Be
23		28 Interlachen	. FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25] 9. Name and Address of Curre		30	Florida Statutes  10. Name and Address of New F	Yes No
	5. Hallie and Addiess of Carle	Trogramme Agent	81 Name	19, 141/10 110 110 110 110 110 110 110 110 110	
NEELY, RE	FNALD		82 Street Ac	ddress (P.O. Box Number is Not Accept	able)
109 CORN				101000 (1.0. DOX 101100 10 1101 1000)	
INTERLAC	HEN FL 32148		83		
			84 City		FL 85 Zip Code
11 Pursuant tr	the provisions of Sections 617.05	02 and 617 1508. Florida Statute	s the above-named co	orporation submits this statement for the	
office or re	gistered agent, or both, in the Stat infamiliar with, and accept the oblig	e of Florida, Such change was a	uthorized by the corpo	orporation submits this statement for the oration's board of directors. I hereby acc	ept the appointment as registered
_	Training with and accept the con-	gations of Goston and Society is	rica Statutou.		
	Signature, typed or printed name of registered as		Registered Agent algnature re		DATE
12.		ND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12  Change Addition
TITLE NAME •	PDC NEELY, RENALD	La Detter	1.2 NAME		
STREET ADDRESS	109 CORNELL ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL 32148	. /	1.4 CITY-ST-ZIP	·	-
TITLE	TTS C	<b>Y</b> DELETE	21 TITLE	(	
NAME	LEBLANC, DON M			391 Wichard 100	Change 🔣 Addition
STREET AODRESS	102 CORNELL ST.	<u> </u>	2.2 NAME	Bell, Michael Lee	Change Addition
	************	<u> </u>	22 NAME 23 STREET ADDRESS	Bell, Michael Lee 4872 County Rd. 21.	8 W
C(1Y-ST-ZIP	INTERLACHEN FL 32148		22 NAME 23 STREET ADDRESS 2.4 City-St-Zip	Middle burg. FL. 321	8 W
TITLE	TVD N	<b>₩</b> DELETE	22 NAME 23 STREET ADDRESS 2.4 City-St-Zip	Middle burg. FL. 321	8 W
	TVD NEELY, OHARMAINE		22 NAME 23 STREET ADDRESS 2.4 City-St-Zip	Middle burg. FL. 321	8 W
TITLE NAME	TVD N	<b>LY</b> DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 City-St-Zip	Middle burg. FL. 321	8 W
TITLE NAME STREET ADDRESS	TVO NEELY, DHARMAINE 109 CORNELL ST.		22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	Middle burg. FL. 321	8 W
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TVO NEELY, DHARMAINE 109 CORNELL ST.	<b>LY</b> DELETE	22 NAME 23 STREET ADDRESS 2.4 City-St-Zip 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME		8 W
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	TVO NEELY, DHARMAINE 109 CORNELL ST.	<b>LY</b> DELETE	22 NAME 23 STREET ADDRESS 2. 4 City-6t-2ip 31 Title 32 NAME 3.3 STREET ADDRESS 3.4. City-5t-2ip 4.1 Title 4.2 NAME 4.3 STREET ADDRESS	Middle burg. FL. 321	8 W
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	TVO NEELY, DHARMAINE 109 CORNELL ST.	<b>LY</b> DELETE	22 NAME 23 STREET ADDRESS 2.4 City-St-Zip 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	Middle burg. FL. 321	8 W
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	TVO NEELY, DHARMAINE 109 CORNELL ST.	DELETE	22 NAME 23 STREET ADDRESS 2. 4 City-St-Zip 31 Title 32 NAME 3.3 STREET ADDRESS 3.4. City-St-Zip 4.1 Title 4.2 NAME 4.3 STREET ADDRESS 4.4 City-St-Zip	Middle burg. FL. 321	Change Addition  S.W. East Ave.  Change Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	TVO NEELY, DHARMAINE 109 CORNELL ST.	DELETE	22 NAME 23 STREET ADDRESS 2. 4 City-St-Zip 3.1 Title 3.2 NAME 3.3 STREET ADDRESS 3.4 City-St-Zip 4.1 Title 4.2 NAME 4.3 STREET ADDRESS 4.4 City-St-Zip 5.1 Title	Middle burg. FL. 321	Change Addition  S.W. East Ave.  Change Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	TVO NEELY, DHARMAINE 109 CORNELL ST.	DELETE  DELETE	22 NAME 23 STREET ADDRESS 2. 4 CHY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP	Middle burg. FL. 321	Change Addition  Change Addition  Change Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	TVO NEELY, DHARMAINE 109 CORNELL ST.	DELETE	22 NAME 23 STREET ADDRESS 2. 4 City-St-Zip 3.1 Title 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-Zip 4.1 Title 4.2 NAME 4.3 STREET ADDRESS 4.4 City-St-Zip 5.1 Title 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-Zip 6.1 Title	Middle burg. FL. 321	Change Addition  S.W. East Ave.  Change Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	TVO NEELY, DHARMAINE 109 CORNELL ST.	DELETE  DELETE	22 NAME 23 STREET ADDRESS 2. 4 CHY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP	Middle burg. FL. 321	Change Addition  Change Addition  Change Addition

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.

SIGNATURE:

Distant Phone Fee . . . .

**FILED** 

May 29 1997 8:00am

Secretary of State