


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90064 008 \*\*\*\*61.25

<b>DOCUMENT # 737835</b>	
1. Entity Name <b>VICTORIOUS CHURCH OF GOD IN CHRIST, INC.</b>	

Principal Place of Business <b>726 PONDEROSA WEST LAKELAND FL 33810</b>	Mailing Address <b>7517 BAYLEAF ST. ZEPHYRHILLS FL 33540</b>
--	---

2. Principal Place of Business <b>7517 Bayleaf St</b> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State <b>Zephyrhills FL 33540</b>	City & State City	Country <b>USA</b>
---	----------------------	-----------------------



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent <b>MCKENZIE, ALVIN T 726 PONDEROSA DR W LAKELAND FL 33810</b>	
--	--

4. FEI Number <b>50-1440061</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b> Zip 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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROCKINGTON, LARANGE 2907 CHURCH ROAD ZEPHYRHILLS FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BROWN, GLORIA J 801 W. MADISON STREET PLANT CITY FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MCKENZIE, ALVIN T 726 PONDEROSA DR W LAKELAND FL 33810</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHATMAN, KAREEN 105 BURCHWOOD AV PLANT CITY FL 33565</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTD MCKENZIE, EVANTHONY 6579 FOXTREE LANE LAKELAND FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SAMPSON, OLLIE M 7427 LENA CIRCLE ZEPHYRHILLS FL</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D David Jones 1125 Gallaway Rd Lakeland, FL 33811</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Carlton Cooper 1303 W Bates St Plant City, FL 33563</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Alvin T McKenzie* *Gloria J Brown/SD* *1/31/05* *813 936-5020*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #