


**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

DOCUMENT # 737835
1. Entity Name
VICTORIOUS CHURCH OF GOD IN CHRIST, INC.



Principal Place of Business: **726 PONDEROSA WEST LAKELAND FL 33810**
Mailing Address: **7517 BAYLEAF ST. ZEPHYRHILLS FL 33540**

2. Principal Place of Business: **7517 Bayleaf St**
Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: **Zephyrhills FL 33540**
Country: **USA**


1st MOORE CR2E037 (10/04)

4. FEI Number: **50-1440061**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MCKENZIE, ALVIN T
726 PONDEROSA DR W
LAKELAND FL 33810**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** 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: D	BROCKINGTON, LARANGE	<input type="checkbox"/> Delete
NAME	2907 CHURCH ROAD	
STREET ADDRESS	ZEPHYRHILLS FL	
CITY-ST-ZIP		
TITLE: SD	BROWN, GLORIA J	<input type="checkbox"/> Delete
NAME	801 W. MADISON STREET	
STREET ADDRESS	PLANT CITY FL	
CITY-ST-ZIP		
TITLE: P	MCKENZIE, ALVIN T	<input type="checkbox"/> Delete
NAME	726 PONDEROSA DR W	
STREET ADDRESS	LAKELAND FL 33810	
CITY-ST-ZIP		
TITLE: D	CHATMAN, KAREEN	<input type="checkbox"/> Delete
NAME	105 BURCHWOOD AV	
STREET ADDRESS	PLANT CITY FL 33565	
CITY-ST-ZIP		
TITLE: VPTD	MCKENZIE, EVANTHONY	<input type="checkbox"/> Delete
NAME	6579 FOXTREE LANE	
STREET ADDRESS	LAKELAND FL	
CITY-ST-ZIP		
TITLE: D	SAMPSON, OLLIE M	<input type="checkbox"/> Delete
NAME	7427 LENA CIRCLE	
STREET ADDRESS	ZEPHYRHILLS FL	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D	David Jones	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1125 Gallaway Rd	
STREET ADDRESS	Lakeland, Fl 33811	
CITY-ST-ZIP		
TITLE: D	Carlton Cooper	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1303 W Bates St	
STREET ADDRESS	Plant City, Fl 33563	
CITY-ST-ZIP		
TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		

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 #