

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90036 025 ****61.25

DOCUMENT # 737835

1. Entity Name

VICTORIOUS CHURCH OF GOD IN CHRIST, INC.



Principal Place of Business

7517 BAYLEAF ST
ZEPHYRHILLS FL 33540

Mailing Address

7517 BAYLEAF ST.
ZEPHYRHILLS FL 33540



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

MCKENZIE, ALVIN T
726 PONDEROSA DR W
LAKELAND FL 33810

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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 ☐ Delete
NAME COOPER, CARLTON
STREET ADDRESS 1305 BATEST ST
CITY-ST-ZIP PLANT CITY FL

TITLE SD ☐ Delete
NAME BROWN, GLORIA J
STREET ADDRESS 801 W. MADISON STREET
CITY-ST-ZIP PLANT CITY FL

TITLE P ☐ Delete
NAME MCKENZIE, ALVIN T
STREET ADDRESS 726 PONDEROSA DR W
CITY-ST-ZIP LAKELAND FL 33810

TITLE D ☐ Delete
NAME CHATMAN, KAREEN
STREET ADDRESS 105 BURCHWOOD AV
CITY-ST-ZIP PLANT CITY FL 33565

TITLE VPTD ☐ Delete
NAME MCKENZIE, EVANTHONY
STREET ADDRESS 6579 FOXTREE LANE
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ Delete
NAME SAMPSON, OLLIE M
STREET ADDRESS 7427 LENA CIRCLE
CITY-ST-ZIP ZEPHYRHILLS FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME DAVID JONES
STREET ADDRESS 1125 Galkenny Rd
CITY-ST-ZIP Lakeland, FL 33810

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME KAREEN CHATMAN
STREET ADDRESS P.O. Box 313
CITY-ST-ZIP Plant City, FL 33563

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Gloria J Brown
SD

2/4/07

813 936 920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

DOCUMENT # 737835

1. Entity Name

VICTORIOUS CHURCH OF GOD IN CHRIST, INC.



ATTACHMENT

Principal Place of Business

726 PONDEROSA WEST
LAKELAND FL 33810

Mailing Address

7517 BAYLEAF ST.
ZEPHYRHILLS FL 33540

2. Principal Place of Business

3. Mailing Address

7517 Bayleaf St
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zephyrhills, FL 33540

Zip

USA

Zip

Country

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

7. Name and Address of New Registered Agent

MCKENZIE, ALVIN T
726 PONDEROSA DR W
LAKELAND FL 33810

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

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

(NOTE: Registered Agent signature required when reconstituting)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D David Jones 1125 Gallaway Rd Lakeland, FL 33811 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Carlton Cooper 1303 W Bates St Plant City, FL 33563 | <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 |
| 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 5220