

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90082 042 ****61.25



DOCUMENT # 739920

1. Entity Name

THE VICTORY HOLINESS CHURCH, INC.

Principal Place of Business

3480 COMMONWEALTH AVE.
 % TOMMY JONES
 JACKSONVILLE FL 32254

Mailing Address

5265 MISSOURI AVE.
 JACKSONVILLE FL 32254



2. Principal Place of Business

3480 COMMONWEALTH AVE
 % Tommy JONES
 Suite, Apt. #, etc.

3. Mailing Address

933 WEST PALM AVE
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-1935988

Applied For

Not Applicable

Zip

32254

Country

DU04L

Zip

32254

Country

DU04L

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, THOMAS LEE
 5265 MISSOURI AVE.
 JACKSONVILLE FL 32254

7. Name and Address of New Registered Agent

Name

JONES Thomas Lee

Street Address (P.O. Box Number is Not Acceptable)

933 WEST PALM AVE

City

JACKSONVILLE

FL

Zip Code

32254

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

Thomas Lee Jones Thomas Lee Jones

Feb-14-06

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, 2006

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 PD Delete
 NAME JONES, THOMAS LEE
 STREET ADDRESS 5265 MISSOURI AVE.
 CITY-ST-ZIP JACKSONVILLE FL 32254

TITLE D Delete
 NAME JONES, ROSEMARIE M
 STREET ADDRESS 1931 SOLOMAN
 CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D Delete
 NAME GRIFFIS A. ELGL
 STREET ADDRESS 3140 GILEAD DRIVE
 CITY-ST-ZIP JACKSONVILLE FL

TITLE V Delete
 NAME VAUGHN, ANGLA E
 STREET ADDRESS 5265 MISSOURI AVE.
 CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE SD Delete
 NAME JONES, THOMAS A
 STREET ADDRESS 3663 THOMAS ST.
 CITY-ST-ZIP JACKSONVILLE FL 32254

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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:

Thomas Lee Jones
 THOMAS LEE JONES

Feb-14-2006

904-307-0189

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