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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 741240 (6)

MILTON VICTORY MINISTRIES INCORPORATED

Principal Place of Business Mailing Address							I 1027/1 1007/ 1107/ 1107/ 1107/ 1107/ 1107/ 1107/ 1107/ 1107/ 1107/ 1107/ 1107/ 1107/ 1107/ 1107/ 1107/			
·										
MILTON FL 3			7235 HIGHWAY 90 EAST MILTON FL 32583							
							3. Date incorporated or Qualified 12/28/1977	3a. Date of Last 02/21/1		
2. Principal Pla	ace of Business	2a. Mail	ing Address			•	4. FEI Number		Applied For	
11		26					59-2457355		Not Applicable	
Suite, Apt. i	#, etc.		e, Apt. #, etc.				5. Certificate of Status Desired	20120	5 Additional Required	
City & State		27 City	8 State			•	Flantian Compaign Financing			
3		28	V U				6. Election Campaign Financing Trust Fund Contribution		00 May Be ad to Fees	
Zıp	Country	Zıp		Cour	ntry		8. This corporation has liability for in			
24	25	29		30				Yes XXt No		
	9. Name and Address of Currer	t Registered	d Agent	<u> </u>	81	Mona	10. Name and Address of New Re	gistered Agent		
DALLOUIT	CLANDIA				ا'°	Name				
	', CLAUDIA NES STREET			ĺ	82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	FL 33570			-	83					
MILIOIT	12 33370				\sqcup			·		
					84	City		FL 85 Zi	ip Code	
11. Pursuant t	to the provisions of Sections 617.0502	and 617.150	08, Florida Statu	ites, the abov	t ∕e-n	amed corpo	oration submits this statement for the purp	ose of changing its	registered office	
or register	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such cha	nge was authori	ized by the c	orpo	oration's boa	ard of directors. I hereby accept the appoi	ntment as registered	d agent. I am	
SIGNATURE			,							
	Signature, typed or printed name of registered agent				Agen	t signature requir	red when reinslating)	DATE		
12.	OFFICERS AN	D DIRECTOR		13.			ADDITIONS/CHANGES TO OFFIC			
TIFLE	D DCDDV LADDV		DEFELE	1 1 TRT				☐ Change	☐ Addition	
NAME	BERRY, LARRY 3924 WARD BASIN ROAD			1 2 NA						
STREET ADDRESS	MILTON, FL 00000					ADDRESS				
CITY-ST-ZIP TITLE	ST		DELETE	1.4 CIT 2 1 TIT		T-ZIP		Change	☐ Addition	
NAME	BERRY, DANA KAY			2 2 NA				C onlings		
STREET ADDRESS	3924 WARD BASIN RD.					ADDRESS				
CrTY-ST-ZiP	MILTON, FL 00000			2 4 CI		- 1				
TITLE	D		DELETE	3 1 TIT				Change	Addition	
NAME	NUCKOLLS, DAVID L.			3 2 NA	ME					
STREET ADDRESS	4323 CALVARY LANE			3 3 ST	REET	ADDRESS				
CHTY - ST - ZIP	MILTON, FL 00000			3.4 CI	TY-S	ST - ZIP				
TITLE	D		DELETE	4.1 111	LE			☐ Change	☐ Addition	
NAME	HUBBS, MIKE			4. 2 NA	AME					
STREET ADDRESS	131 SPRINGDALE DR.			4.3 STI	REET	ADDRESS				
CITY - ST - ZIP	MILTON FL		f"Increse	4.4 CIT		T - ZIP		Flore	[T] harren	
TITLE	VP RAUGHT, CLAUDIA		DELETE	5 1 TIT				Change	Addition	
NAME CERCET ADORSES	2527 JONES ST.			5.2 NA		4000000				
STREET ADDRESS	MILTON, FL 00000					ADDRESS				
CITY - ST - ZIP TITLE	p		DELETE	5.4 CIT 6.1 TIT		t-ZIP		☐ Change	☐ Addition	
NAME	raught, fred			62 NA				□ Change	L Auditori	
STREET ADDRESS	2527 JONES ST.					ADDRESS				
CITY-ST-ZIP	MILTON FL			6401						
14. I do hereb	by certify that the information supplied	with this filing	is voluntarily fu	rnished and d	doe	s not qualify	for the exemption stated in Section 119.0	7(3)(k), Florida Statu	ites. I further	
certify that oath; that	t the information indicated on this anni	ual report or to oration or the	supplemental an receiver or trust	inual report is tee empower	s tru	ie and accui	rate and that my signature shall have the s his report as required by Chapter 617, Flo	ame legal effect as	if made under	

SIGNATURE: Frederick E. Raught

2-10-96 (904)623-3258

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