FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

RAUGHT, FRED

2527 JONES ST.

MILTON FL

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

741240

(6)

MILTON VICTORY MINISTRIES INCORPORATED

Principal Pla	ace of Business	Mailing Address	Mailing Address			I SOUTH CONTRACT HINTO HINTO HINTO CHOIL WHIT BIRM CINIC CLUST RIBIL CINIC CENT			
7235 HIGHWAY 90 EAST MILTON FL 32583		7235 HIGHWAY 90 EAST MILTON FL 32583-3045							
						3. Date Incorporated or Qualified 12/28/1977	3a. D	oate of Last R 02/14/19	eport 996
	Place of Business	2a. Mailing Address	⊢			4. FEI Number		AF	oplied For
21		26	_ 			59-2457355			ot Applicable
Suite, Ap		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	X		Additional equired
City & St	ate	City & State	⊢ ′			6. Election Campaign Financing		\$5.00	May Be
23 Zip		28			Trust Fund Contribution		Added t		
24	├ -				ountry 8. This corporation has liability for Intangible tex under s. 199.032,				
24	25 9. Name and Address of Curre	29 Agent	30			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	s. Name and Address of Curre	ur veðisteren vætir		31 T	Name	10. Name and Address of New Reg	gistered	Agent	
DALLO	ART OLAUDIA		L						
RAUGHT, CLAUDIA 2527 JONES STREET					Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
MILTO	N FL 33570		Ê	33					
			8	34	City		FL	85 Zip (Code
11. Pursuar	nt to the provisions of Sections 617.05	ration submits this statement for the p		of changing it	s registered				
agent I	r registered agent, or both, in the Stati I am familiar with, and accept the oblig	e of Florida. Such change was a pations of, Section 617.0503. Fl	authorized orida Statu	by ti tes.	he corporation	ration submits this statement for the point's board of directors. I hereby accep	t the app	pointment as	registered
SIGNATURE									
ordina tront	Signature, typed or printed name of registered ag		E: Registered A	Agent	signature required	d when reinstating)	DATE		······································
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AN		IS IN 12
TITLE	D	DELETE	1.1 TAL	E				☐ Change	Addition
NAME	BERRY, LARRY		1.2 NAW	AE.					
STREET ADDRESS			1.3 STRE	EET AC	DDRESS				
CITY-ST-ZIP	MILTON, FL 00000		1.4 CITY	-ST-	ZIP	<u> </u>			
TITLE	ST	☐ DELETE	2 1 1111	E				Change	Addition
NAME	BERRY, DANA KAY		2.2 NAM	AE.		the state of the state of			
STREET ADDRESS	s 3924 WARD BASIN RD.		2.3 STR	EET AC	DDRESS	1 + 4			
CITY-\$T-ZIP	MILTON, FL 00000		2.4 CITY	Y-\$T-	ZIP	Service Service			
TITLE	D	☐ DELETE	3.1 TITL	E				Change	Addition
NAME	NUCKOLLS, DAVID L.		3.2 NAM	łE	-				
STREET ADDRESS	S 4323 CALVARY LANE		3.3 STRE	EET AC	ODRESS				
CITY-ST-ZIP	MILTON, FL 00000		3.4, CITY	Y-ST-	ZIP	100			
TITLE	D	DELETE	4.1 YITLI				. j	Change	Addition
NAME	HUBBS, MIKE		4. 2 NAA	ME		. (Q.1)	-1		.=
STREET ADDRESS			4.3 STRE	EET AC	DDRESS				
CITY+ST-ZIP	MILTON FL		4.4 CITY			·	•		
TITLE	VP	DELETE	5.1 T(T)					☐ Change	Addition
NAME	RAUGHT, CLAUDIA		5.2 NAM						
STREET ADDRESS			5.3 STRE		ADRESS				
CITY-ST-ZIP	MILTON, FL 00000		5.4 CITY						
TITLE	P	DELETE	6.1 TITU		611		1	Change	Addition

904-623-3258

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.