


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

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90066 044 ****70.00

DOCUMENT # 750254 1. Entity Name VICTORY BAPTIST CHURCH OF INVERNESS, INC.	
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Principal Place of Business SHSDY ACRE DR. P.O. BOX 973 INVERNESS FL 34450 US	Mailing Address SHSDY ACRE DR. P.O. BOX 973 INVERNESS FL 34450 US
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2. Principal Place of Business - No P.O. Box # 5040 SHADY ACRE DR	3. Mailing Address P.O. BOX 973
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State INVERNESS FL	City & State INVERNESS FL	4. FEI Number 59-2613080	Applied For <input type="checkbox"/>
Zip 34453	Country	Zip 34451-0973	Country

1st MOORE CR2E037 (10/06)



6. Name and Address of Current Registered Agent VISSCHER, EDWARD 7645 E. SHORE DR. INVERNESS FL 34450	7. Name and Address of New Registered Agent Name GODDARD, BERNARD A Street Address (P.O. Box Number is Not Acceptable) 6149 E. MALVERNA ST. City INVERNESS FL Zip Code 34452-7730
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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 **BERNARD A. GODDARD, CHAIRMAN** **4-24-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature are required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STILTS, RAY 2861 N. KENT ST HERNANDO FL 32642 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD BERNARD A GODDARD 6149 E. MALVERNA ST. INVERNESS FL 34452-7730 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT GODDARD, BERNARD 6149 E. MALVERNA ST INVERNESS FL 34453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VISSCHER, EDWARD 7645 E. SHORE DR. INVERNESS FL 34450 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VISSCHER, EDWARD 7645 E. SHORE DR. INVERNESS FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STILTS, RAY 2861 N. KENT ST. HERNANDO FL 32642 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARROW, ROB 8010 N. FAIRWIND LOOP HERNANDO, FL 34442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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: **BERNARD A. GODDARD** **4-24-07** **352-344-1030**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #