2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 30, 2008 8:00 am Secretary of State **DOCUMENT # 750254** 1. Entity Name 04-30-2008 90156 006 ****61.25 VICTORY BAPTIST CHURCH OF INVERNESS, INC. Principal Place of Business Mailing Address 5040 SHADY ACRE DR. P.O. BOX 973 INVERNESS FL 34453 **INVERNESS FL 34451** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-2613080 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GODDARA, BERNARD A St t Acceptable) 6149 E. MÁLVERNE ST. GODDARD, BERNARD A **INVERNESS FL 34452** 6149 E MALVERNE ST **INVERNESS FL 34452** 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 the ill applicable. (NOTE: Registered Agent signature regulated when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. CTD TITLE ☐ Delete TITLE Change ☐ Addition GODDARD, BERNARD M GODDARD, BERNARD A HAME NAME 6149 MALVERNE ST. 6149 E MALVERNE ST STREET ADDRESS STREET ADDRESS **INVERNESS FL 34452** INVERNESS FL 34452 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition WEISSARTTER, EDWARD NAME NAME 7645 E. SHORE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INVERNESS FL 34450 CITY-ST-ZIP TITLE Delete TITLE Addition 54 Change STILTS, RAY NAME STILS, RAY NAME 2861 N KENT PT STREET ADDRESS 2861 N. KENT ST. STREET ADDRESS HERNANDO FL 34442 HERNARD FL 32642 CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Dalete TITLE ☐ Change Addition NAME DARROW, ROB NAME JAYNES, CHARLES 8010 N. FAIRWIND LOOP STREET ADDRESS STREET ADDRESS 4540 E HARVARD DR HERNANDO FL 34442 HERNANDO FL 34442 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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 out; 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:

4-11-08 352.344.1030

FILED