

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

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90007 044 ****61.25

DOCUMENT # 755048

1. Entity Name

VICTORY BAPTIST CHURCH OF OSPREY, INC.



Principal Place of Business

241 BURNEY RD
OSPREY FL 34229

Mailing Address

241 BURNEY RD
OSPREY FL 34229



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2045440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELAM, ARLO
425 RUBENS DR
NOKOMIS FL 34275

7. Name and Address of New Registered Agent

Name

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

City

FL

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 if title is applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

2-2-07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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
NAME ELAM, ARLO ☐ Delete
STREET ADDRESS 425 RUBENS DR
CITY-STATE-ZIP NOKOMIS FL 34275

TITLE TR
NAME DE WITT, LUTHER ☐ Delete
STREET ADDRESS 4557 MAROLDO AVE
CITY-STATE-ZIP NORTH PORT FL 34287

TITLE T
NAME WESTMORLAND, ROY ☐ Delete
STREET ADDRESS 2050 N. MOBILE EST DR.
CITY-STATE-ZIP SARASOTA FL 34231

TITLE S
NAME ELAM, CLAUDETTE ☐ Delete
STREET ADDRESS 425 RUBENS DRIVE
CITY-STATE-ZIP NOKOMIS FL 34275

TITLE C ☒ Delete
NAME EPLIN, DIANNA
STREET ADDRESS 8484 HERBISEN AVE
CITY-STATE-ZIP NORTH PORT FL 34287

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☒ Change ☐ Addition
NAME C Southard, Dianna
STREET ADDRESS 1433 Dona Bay
CITY-STATE-ZIP NOKOMIS FL 34275

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-07 94-966-4716