

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

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



01132008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ELAM, ARLO
STREET ADDRESS	425 RUBENS DR
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	TR
NAME	DE WITT, LUTHER
STREET ADDRESS	4557 MAROLDO AVE
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	T
NAME	WESTMORLAND, ROY
STREET ADDRESS	2050 N. MOBILE EST DR.
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	S
NAME	ELAM, CLAUDETTE
STREET ADDRESS	425 RUBENS DRIVE
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	C
NAME	SOUTHARD, DIANNA
STREET ADDRESS	1433 DONA BAY
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000734965
01/28/08-80028-016 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Arlo Elam
Arlo Elam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-08 941-966-4716
Date Daytime Phone #