FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:57

DOCUMENT # 759619 (0)

1. Corporation Name
VICTORY WORSHIP CENTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3502 LERBAND LANE LAKELAND FL 33813 US	P.O. BOX 5813 LAKELAND FL 33807 US

3. Date Incorporated or Qualified: 08/14/1981
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2123145 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22: 3360 Cross Fox Dr.	Suite, Apt. #, etc. 27:
City & State 23: Mulberry, FL.	City & State 28:
Zip 24: 33860 Country 25: Polk	Zip 29: Country 30:

9. Name and Address of Current Registered Agent

ORR, CHARLES E JR
3502 URBAND LANE
LAKELAND FL 33813

10. Name and Address of New Registered Agent

31 Name: Orr Charles E. Jr.
32 Street Address (P.O. Box Number is Not Acceptable): 3360 Cross Fox Dr.
33
34 City: Mulberry FL 35 Zip Code: 33860

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	ORR, CHARLES E., JR	12 NAME	Orr, Charles E. Jr.	
STREET ADDRESS	3502 URBAND LANE	13 STREET ADDRESS	3360 Cross Fox Dr.	
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP	Mulberry, FL. 33860	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	MCQUITTY, FLOYD	22 NAME		
STREET ADDRESS	918 DOVE RIDGE LN	23 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE	STD	☑ Change ☐ Addition
NAME	ORR, CHARLENE P	32 NAME	Orr, Charlene P.	
STREET ADDRESS	3502 URBAND LANE	33 STREET ADDRESS	3360 Cross Fox Dr.	
CITY-ST-ZIP	LAKELAND FL	34 CITY-ST-ZIP	Mulberry FL. 33860	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

RESIGNED BY PART 1.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for 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.

SIGNATURE: Charles E. Orr Jr. 4-26-95 425-4620
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Charles E. Orr Jr.

0087089