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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 770766 (4)
1. Corporation Name
VICTORY CHRISTIAN CENTER ASSEMBLY OF GOD, INC.



Principal Place of Business: 6201 S.W. 160TH AVE. FT. LAUDERDALE FL 33331
Mailing Address: 6201 S.W. 160TH AVE. FT. LAUDERDALE FL 33331-4600

3. Date Incorporated or Qualified: 10/17/1983
3a. Date of Last Report: 04/29/1996
4. FEI Number: 59-2246296
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt #, etc: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
NON, MARTIN
3811 SW 47TH AVE
STE 619
DAVE FL 33314

10. Name and Address of New Registered Agent
81 Name: John K. Wibley
82 Street Address (P.O. Box Number is Not Acceptable): 9841 MAJESTIC WAY
83 City: BOYNTON BEACH
84 City: FT. LAUDERDALE FL 85 Zip Code: 33331

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: John K. Wibley DATE: 2/12/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LUNSFORD, DONALD W	
STREET ADDRESS	P.O. BOX 24687 444 CARIBBEAN DR.	
CITY-ST-ZIP	LAKELAND FL 33802 33803	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BETZER, DAN	
STREET ADDRESS	6901 HARBOR LANE	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILDER, HUBERT M	
STREET ADDRESS	510 WILLOW RUN KNOLL	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rabum, Terrell R.	
1.3 STREET ADDRESS	PO Box 24687 1437 E. Memorial BLVD.	
1.4 CITY-ST-ZIP	Lakeland, FL 33802-33801	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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: Terrell R. Rabum TERRELL RABUM DATE: 2/17/97 941/683-5726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)