


FILE NOW: FILING FEE IS \$61.25

FILED

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	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
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 <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NON. MARTIN 3811 SW 47TH AVE STE 619 DAVE FL 33314		81 Name John K. Wibley 82 Street Address (P.O. Box Number is Not Acceptable) 9841 MAJESTIC WAY 83 6201 SW 160 AVE. 84 City BOYNTON BEACH 33437 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 <i>John K. Wibley</i>		DATE 2/12/97	
Signature signed or printed name of registered agent and fee, if applicable		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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		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	
TITLE VD <input type="checkbox"/> DELETE NAME BETZER, DAN STREET ADDRESS 6901 HARBOR LANE CITY-ST-ZIP FT. MYERS FL 33919		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE SD <input type="checkbox"/> DELETE NAME WILDER, HUBERT M STREET ADDRESS 510 WILLOW RUN KNOLL CITY-ST-ZIP LAKELAND FL 33813		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		DATE 2/17/97	
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE # 941/683-5726	



CR2E037 (9/96)