FILE NOW: FILING FEE IS \$61.25					– FILED
NONPROFIT CORPORATION ANNUAL REPORT			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		Feb 03 1998 8:00am
1998 DOCUMENT # 77076		70766	(4)	CORPORATIONS	Secretary of State
1. Corporatio	on Name			<b>、</b>	
VICTORY CHRISTIAN CENTER ASSEMBLY OF GOD, INC. Principal Place of Business Mailing Address					
6201 S.W. 160TH AVE. 6201 S.W. 160TH AVE. FT. LAUDERDALE FL 33331 FT. LAUDERDALE FL 33331				l	3. Date Incorporated or Qualified     10/17/1983     4. FEI Number
2. Principal P	lace of Business	2	a. Mailing Address		5 Certificate of Status Decired \$8.75 Additional
21 Suite, Apt,		26			Fee Required
22		27	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & Stat	e	28	City & State		7. Is this nonprofit corporation a homeowners association?
Zip 24	Coun 25	try 29	Zip ]	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
		ress of Current Reg			10. Name and Address of New Registered Agent
81     Name       WIBLEY, JOHN K     82       Street Address (P.O. Box Number is Not Acceptable)					
9841 MAJASTIC WAY					
STE 619 BOYNTON BCH FL 33437					
Bottwick Bolt i E 33437     84     City     FL     85     Zip Code       11     But we have been black in the second state of a second					
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 Signature, typed or printed name of regulatering against and title if applicable. (NOTE: Registered Agent signature required when r					Nired when relastation)
12.	***	OFFICERS AND DIRE	ECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	PD Raburn, Terre	IL B	DELETE	1.1 TITLE 1.2 NAME	Change Addition (2)
STREET ADDRESS	1437 E MEMORI			1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	LAKELAND FL VD		DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	
NAME	BETZER, DAN			2.2 NAME	
STREET ADDRESS	6901 HARBOR L			2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	FT. MYERS FL 3 SD	3919	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	
NAME	WILDER, HUBER			3.2 NAME	
STREET ADDRESS	510 WILLOW RU			3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	LAKELAND FL 33	3813	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	
NAME				4. 2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE			DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE				5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP 14. I hereby c	ertify that the informati	on supplied with this	filing does not qualify for	6.4 CITY-ST-ZIP r the exemption stated i	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: A-A-WX WTOULREFORDURFBLEY Prostor 1-3-98 954-434-6200					