

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 08:00 A
Secretary of State

DOCUMENT # N00000004329	
1. Entity Name VICTORY CHRISTIAN TEACHING MINISTRIES, INC.	
Principal Place of Business 665 E. MAIN ST. LAKE BUTLER, FL 32025	Mailing Address 475 SW BRODERICK DRIVE LAKE CITY, FL 32025



05112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MERRICKS, ELAINE REV.
RT. 10 BOX 526Y
LAKE CITY, FL 32025

**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: *Rev. Elaine Merricks*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05.11.07

DATE

**Filing Fee is \$81.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000764269
05/30/07-80054-002 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MERRICKS, ELAINE REV. RT. 10 BOX 526Y LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CORVIN, BETTY 754 NW ALMA AVE. LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BELL, JOYCE 418 THOMPSONS LOOP LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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:

Rev. Elaine Merricks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05.11.07 (386) 754-

Date

Daytime Phone #

5234