## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 23, 2008 8:00 am Secretary of State DOCUMENT # N01000005382 1. Entity Name 05-23-2008 90020 048 \*\*\*\*61.25 VICTORY LUTHERAN CHURCH, INC. Principal Place of Business Mailing Address 4651 KERNON BLVD S. JACKSONVILLE FL 32224 4651 KERNON BLVD S. JACKSONVILLE FL 32224 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Surie, Apt. #. etc. Suite, Apr. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-3554538 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOYER, PHILIP J PASTOR Strept Address (P.O. Box Number is Not Acceptable) H651 Kernan Bivo 4651 KERNON BLVD S ernan JACKSONVILLE FL 32224 Zip Code 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 Florica. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agont and talout applicable. (NOTE: Bedistered Agent signabling regained when reinstaging) CATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Scott Keith, President **≥** Delate TITLE TITLE Change CLEMENTS, TOM 12825 Huntley Monor Dr. NaME NAME STREET ADDRESS 4251 KERNAN BLVD S. STREET ADDRESS Jacksonville, FL CITY ST ZIP JACKSONVILLE FL 32224 CITY-ST-ZIP 32224 TREASURER TITLE X Change TITLE M Delete ☐ Addition MURPHY, JOHNATHAN Tim Fiesler 3824 Fenwick ISI. Dr. Jacksonville, FL NAME MAME 4651 KERNON BLVD S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32224 CITY-ST-ZiP Jecretary JOHN Harvey HU51 Kernan Blyp. S ☐ Delate TITLE TIT: F Addition HARVEY, JOHN NAME NAME 4651 KERNON BLVD S STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32224 CITY - ST- ZIP CITY-ST-7/P Jacksonville, FL TITLE ☐ Datete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE Delete nile ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 of 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 of the address.

SIGNATURE:

FILED