

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008436

FILED
Jun 28, 2005
Secretary of State

Entity Name: VICTORY FREEWILL BAPTIST MINISTRIES, INC.

Current Principal Place of Business:

107 DAVIS STREET
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

107 DAVIS STREET
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 02-0540613 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HICKS, EDDY
107 DAVIS ST
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HICKS, EDDY
Address: 107 DAVIS STREET
City-St-Zip: AUBURNDALE, FL 33823

Title: DV () Delete
Name: SEAVEY, EDWIN
Address: 631 PILAKLAKAHA AVE
City-St-Zip: AUBURNDALE, FL 33823

Title: DC () Delete
Name: HICKS, SHARON
Address: 107 DAVIS ST
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: SEAVEY, LISA
Address: 631 PILAKLAKAHA AVE
City-St-Zip: AUBURNDALE, FL 33823

Title: DC (X) Change () Addition
Name: JONES, STEPHEN
Address: 107 DAVIS ST
City-St-Zip: AUBURNDALE, FL 33823

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA SEAVEY

DV

06/28/2005

Electronic Signature of Signing Officer or Director

Date