


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 A
Secretary of State

DOCUMENT # N01600 1. Entity Name VICTORY BAPTIST CHURCH OF INTERCESSION CITY, INC.	
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Principal Place of Business 5646 S. ORANGE BLOSSOM INTERCESSION CITY, FL 33848	Mailing Address P.O. BOX 370 INTERCESSION CITY, FL 33848
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DO NOT WRITE IN THIS SPACE



01212007 No Chg-NP CR2E037 (4/06)

4. FEI Number 05-0015300	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BRYANT, WILLIAM H
1023 SPRINGHOOP WAY
WINTER GARDEN, FL 34787**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BRATTON, EVA 4215 VISAT CT KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DORR, EVEA P.O. BOX 223 INTERCESSION CITY, FL 33848
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRATTON, EVA 4215 VISTA CT KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNDY, BUSTER P.O. BOX 200 INTERCESSION CITY, FL 33848
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/28/07-80043-008 61.25

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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: William H. Bryant *William H Bryant* 2-11-07 407-877-7137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #