2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State
03-31-2008 90005 035 ****70.00

DOCUMENT # N01600

1. Entity Name
VICTORY BAPTIST CHURCH OF INTERCESSION CITY, INC.

Principal Place of Business	Mailing Address
5646 S. ORANGE BLOSSOM INTERCESSION CITY, FL 33848	P.O. BOX 370 INTERCESSION CITY, FL 33848

02242008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 05-0015300 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Roy Tomlin
Street Address (P.O. Box Number is Not Acceptable)
6555 Lot 154 Old Lake Wilson Rd
City Davenport FL Zip Code 33896

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 Roy E. Tomlin Roy E. Tomlin
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT BRATTON, EVA 4215 VISAT CT KISSIMMEE, FL 34746	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee/Deacon Robert Arbuckle 2414 Dyer Blvd Kissimmee, Fl 34741	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DORR, EVEA P.O. BOX 223 INTERCESSION CITY, FL 33848	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BRATTON, EVA 4215 VISTA CT KISSIMMEE, FL 34746	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Phyllis Delgado P.O. Box 6662 Intercession City, Fl 33848	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUNDY, BUSTER P.O. BOX 200 INTERCESSION CITY, FL 33848	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee Hardee Giddens 3603 CR 547 N Davenport, Fl 33837	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee Jim McGregor P.O. Box 188 Intercession City, Fl 33848	☐ Change ☑ Addition

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: Evea Dorr Evea Dorr 3/15/08 407-414-8662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #