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Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90012 031 \*\*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N01955

1. Corporation Name

VICTORY FREE WILL BAPTIST CHURCH OF AUBURNDALE,  
FLORIDA, INC.

Principal Place of Business

16 NORMAN LANE  
AUBURNDALE FL 33823

Mailing Address

16 NORMAN LANE  
AUBURNDALE FL 33823



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/15/1984

4. FEI Number

59-2760341

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

GUY, JOHN  
607 LIME ST  
AUBURNDALE FL 33823

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GUY, JOHN

STREET ADDRESS 607 LIME ST

CITY-ST-ZIP AUBURNDALE FL

TITLE VD ☐ DELETE

NAME JONES, DELMAR A.

STREET ADDRESS 3529 E. TRAPNELL ROAD

CITY-ST-ZIP PLANT CITY FL

TITLE D ☐ DELETE

NAME GRANT, FRED

STREET ADDRESS 105 SMITH ST.

CITY-ST-ZIP AUBURNDALE FL

TITLE D ☐ DELETE

NAME HICKS, EDDY

STREET ADDRESS 107 DAVIS ST

CITY-ST-ZIP AUBURNDALE FL

TITLE S ☐ DELETE

NAME GUY, MARILYN

STREET ADDRESS 607 LIME STREET

CITY-ST-ZIP AUBURNDALE FL

TITLE T ☐ DELETE

NAME COOK, TINA

STREET ADDRESS 650 E PIERCE ST

CITY-ST-ZIP LAKE ALFRED FL 33850

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

John Guy

1-11-99

941-967-1939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)