2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01955

FILED Jan 19, 2006 Secretary of State

Entity Name: VICTORY FREE WILL BAPTIST CHURCH OF AUBURNDALE, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 16 NORMAN LANE AUBURNDALE, FL 33823 **Current Mailing Address: New Mailing Address:** 16 NORMAN LANE AUBURNDALE, FL 33823 FEI Number: 59-2760341 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HANDEL, DEBORAH 108 NELSON STREET AUBURNDALE, FL 33823 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition COOK, EDDIE JONES, STEPHEN Name: Name: 226 NELSON ST Address: 4345 K-VILLE AVENUE Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: AUBURNDALE, FL 33823 Title: VD () Delete Title: () Change () Addition JONES, DELMAR A. Name: Name: Address: 3529 E. TRAPNELL ROAD Address: City-St-Zip: PLANT CITY, FL City-St-Zip: Title: () Delete Title: () Change () Addition GRANT, FRED Name: Name: 105 SMITH ST. Address: Address: City-St-Zip: AUBURNDALE, FL City-St-Zip: () Delete Title: PD Title: () Change () Addition Name: HICKS, EDDY, Name: Address: 107 DAVIS ST Address: City-St-Zip: AUBURNDALE, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition HICKS, SHARON SEAVEY, LISA Name: Name: 107 DAVIS STREET Address: Address: P O BOX 604 City-St-Zip: AUBURNDALE, FL City-St-Zip: AUBURNDALE, FL 33823 Title: () Delete Title: () Change () Addition HANDEL, DEBORAH Name: Name: Address: 108 NELSON STREET Address: AUBURNDALE, FL 33823 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 S 01/19/2006