2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# N01955

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

Current Principal Place of Business:

16 NORMAN LANE
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

16 NORMAN LANE
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 59-2760341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, STEPHEN
4345 K-VILLE AVE
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:	D	( ) Delete
Name:	JONES, STEPHEN	
Address:	4345 K-VILLE AVENUE	
City-St-Zip:	AUBURNDALE, FL 33823	
Title:	VD	( ) Delete
Name:	JONES, DELMAR A.	
Address:	3529 E. TRAPNELL ROAD	
City-St-Zip:	PLANT CITY, FL	
Title:	D	( ) Delete
Name:	HICKS, MISTY	
Address:	11 KELLY LANE	
City-St-Zip:	AUBURNDALE, FL 33823	
Title:	PD	( ) Delete
Name:	HICKS, EDDY,	
Address:	107 DAVIS ST	
City-St-Zip:	AUBURNDALE, FL 33823	
Title:	S	( ) Delete
Name:	HICKS, TIERRA	
Address:	11 KELLY LANE	
City-St-Zip:	AUBURNDALE, FL 33823	
Title:	T	( ) Delete
Name:	JONES, KRISTY	
Address:	4345 K-VILLE	
City-St-Zip:	AUBURNDALE, FL 33823	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: EDDY HICKS PD 01/11/2008
Electronic Signature of Signing Officer or Director — Date