


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000001412	
1. Entity Name VICTORY BAPTIST CHURCH OF CITRA, INC.	

Principal Place of Business 3760 NE 175TH ST. RD. CITRA, FL 32113	Mailing Address 3760 NE 175TH ST. RD. CITRA, FL 32113
---	---



03232004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 75-3047432	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  STANLEY, JAMES E 3760 NE 175TH ST. RD. CITRA, FL 32113
---

**DO NOT WRITE  
IN THIS SPACE**

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 James E. Stanley James E. Stanley Pastor 4/25/04  
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, 2004**

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

1100000140835

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALPANT, PIERRE R 537 NE 18TH AVE. OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDOWELL, DAVID 320 NE 189TH LN. CITRA, FL 32113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHINSON, JENNIFER 1633 NE HWY 301 HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANLEY, CHAD 11145 NE 145TH ST. FORT MC COY, FL 32134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jennifer Hutchinson Jennifer Hutchinson 4/25/04 352-221-0711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #