


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000001412 1. Entity Name VICTORY BAPTIST CHURCH OF CITRA, INC.	
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Principal Place of Business 3760 NE 175TH ST. RD. CITRA, FL 32113	Mailing Address 3760 NE 175TH ST. RD. CITRA, FL 32113
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08152006 No Chg-NP CR2E037 (4/06)

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 _____
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 September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 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: *Jennifer Hutchinson Secretary* 8/18/06 (352) 236-0711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #