


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N02000002819</b>	
1. Entity Name <b>VICTORY TABERNACLE CHRISTIAN CENTER INC.</b>	

Principal Place of Business <b>507 GULF BEACH HWY. PENSACOLA, FL 32507</b>	Mailing Address <b>507 GULF BEACH HWY. PENSACOLA, FL 32507</b>
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2970480</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**LOWE, WALTER  
1383 RULE ST.  
PENSACOLA, FL 32534**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOXSON, GLORIA 7711 UNTREINER AV PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCALL, ANGELA 6 MISSISSIPPI CIR. PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWE, GENEVA 1383 RULE ST PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, JACQUELINE 7711 UNTREINER AVE PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULLIVER, DONNIE 1270 BOLIVIA ST. PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000776733  
01/09/08-80034-023 61.25

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: Geneva Lowe (Geneva Lowe) Director 1-7-08 850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 476-4782