

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90311 016 ****61.25

DOCUMENT # N03000005911

1. Entity Name
**VICTORY TEMPLE MINISTRIES CHURCH OF GOD IN
CHRIST, INC.**



Principal Place of Business
**908 S.E. WILLISTON RD
GAINESVILLE, FL 32641**

Mailing Address
**P.O. BOX 2145
GAINESVILLE, FL 32602**

00036985



01122005 No Chg-NP.

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2915340

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**YOUNG, AARON S
4505 NW 51ST DR
GAINESVILLE, FL 32606**

**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

Aaron S. Young, Pastor

(NOTE: Registered Agent signature required when re-registering)

3/21/05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
YOUNG, AARON S
4505 NW 51ST DR
GAINESVILLE, FL 32602**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
YOUNG, ELIZABETH L
4505 NW 51ST DR
GAINESVILLE, FL 32602**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BROWN, WINTER T
P.O. BOX 2144
GAINESVILLE, FL 32602**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aaron S. Young

4/14/05

Date

Daytime Phone #

(352) 377-4944