

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000085

FILED
Mar 30, 2007
Secretary of State

Entity Name: VICTORY OUTREACH WORSHIP CENTER OF PENTECOSTAL FULL GOSPEL CRUSADE OF JESUS CHRIST, INC.

Current Principal Place of Business:

1022 HUNTINGTON RD.
CRESCENT CITY, FL 32112

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 793
CRESCENT CITY, FL 32112

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GILYARD, TINA
112 PINE FOREST CIRCLE
CRESCENT CITY, FL 32112 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: SD () Delete
Name: JOHNSON, BILLIE SR.
Address: 325 SILVER RD., P.O. BOX 626
City-St-Zip: PIERSON, FL 32180

Title: SP () Delete
Name: TUGGERSON, BERNARD SR.
Address: 4215 NW HWY 40
City-St-Zip: OCALA, FL 34482

Title: CP () Delete
Name: TUGGERSON, LILLIE
Address: 4215 NW HWY40
City-St-Zip: OCALA, FL 34482

Title: A () Delete
Name: SURMONS, ELVIRA
Address: 5150 NW 52ND PLACE
City-St-Zip: OCALA, FL 34482

Title: AS () Delete
Name: GILYARD, TINA
Address: 112 PINE FOREST CIRCLE
City-St-Zip: CRESCENT CITY, FL 32112

Title: AS () Delete
Name: JOHNSON, PAT
Address: P.O. BOX 1258, 717 PALMETTO ST.
City-St-Zip: WELAKA, FL 32193

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
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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 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: SONYA L. MOODY

ELDE

03/30/2007

Electronic Signature of Signing Officer or Director

Date