

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000085

FILED  
Apr 30, 2008  
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  
Name:  
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 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: BERNARD TUGGERSON, SR.

SP

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date