

1-30-97 B-1100 C  
FILE NOW: FILING FEE IS \$61.25

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Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06180** (6)  
1. Corporation Name

**VICTORY ASSEMBLY OF GOD, INC.**

Principal Place of Business

**1895 VICTORY ROAD  
CANTONMENT FL 32533**

Mailing Address

**1895 VICTORY ROAD  
CANTONMENT FL 32533-4729**

3. Date Incorporated or Qualified  
**11/15/1984**

3a. Date of Last Report  
**03/29/1996**

4. FEI Number  
**59-2692378**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **BLANCHETT, WAYNE C**  
STREET ADDRESS **3210 CREEKWOOD DR.**  
CITY-ST-ZIP **CANTONMENT FL**

TITLE **D** ☐ DELETE  
NAME **DAUGHERTY, JAMES G.**  
STREET ADDRESS **7404 O'DELL LANE**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **P** ☐ DELETE  
NAME **JOHNSON, KENNETH H.**  
STREET ADDRESS **1891 VICTORY ROAD**  
CITY-ST-ZIP **CANTONMENT FL**

TITLE **D** ☐ DELETE  
NAME **FOSTER, HAROLD M**  
STREET ADDRESS **1 KINGSFIELD RD.**  
CITY-ST-ZIP **GONZALEZ FL**

TITLE **ST** ☒ DELETE  
NAME **GAINES, LANATTA A**  
STREET ADDRESS **4128 ASHLAND AVE L13**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Sec./Treas.** ☐ Change ☒ Addition  
1.2 NAME **Priscilla F. Lewis**  
1.3 STREET ADDRESS **7021 South Hwy. 99**  
1.4 CITY-ST-ZIP **Walnut Hill, FL 32568**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *K. H. Johnson*

CR2E037 (9/96)