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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

Mailing Address

1895 VICTORY ROAD
CANTONMENT FL 32533

1895 VICTORY ROAD
CANTONMENT FL 32533

3. Date Incorporated or Qualified

11/15/1984

4. FEI Number

59-2692378

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, KENNETH H.
1891 VICTORY ROAD
CANTONMENT FL 32533

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 *Kenneth H. Johnson*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

TITLE ☐ DELETE
NAME ST
STREET ADDRESS LEWIS, PRISCILLA F.
CITY-ST-ZIP 7021 SOUTH HWY. 99
WALNUT HILL FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D
1.3 STREET ADDRESS Hester, James
1.4 CITY-ST-ZIP 7156 Sunshine Hill Road
Molino FL 32577

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 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: *Priscilla F. Lewis* SIGNATURE REQUIRED

1-27-98

CR2E037 (10/97)