

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90147 048 ****61.25

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DOCUMENT # N06180

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/15/1984

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

9. Name and Address of Current Registered Agent

JOHNSON, KENNETH H.
1891 VICTORY ROAD
CANTONMENT FL 32533

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

Kenneth H. Johnson, Pastor 1-13-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **HESTER, JAMES**
STREET ADDRESS **7156 SUNSHINE HILL RD**
CITY-ST-ZIP **MOLINO FL 32577**

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 **LEWIS, PRISCILLA F.**
STREET ADDRESS **7021 SOUTH HWY. 99**
CITY-ST-ZIP **WALNUT HILL FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **D**
1.3 STREET ADDRESS **BLANCHETT, WAYNE C.**
1.4 CITY-ST-ZIP **3210 CREEKWOOD DRIVE**
CANTONMENT, FL 32533

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)(l), 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, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: Priscilla F. Lewis **Priscilla F. Lewis**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99

(850) 587-2295

Date

Daytime Phone #

CR2E037 (11/98)