


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2004 8:00 am
Secretary of State

05-06-2004 90174 047 ****61.25

DOCUMENT # N06180 1. Entity Name VICTORY ASSEMBLY OF GOD, INC.	
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Principal Place of Business 1895 VICTORY ROAD CANTONMENT, FL 32533	Mailing Address 1895 VICTORY ROAD CANTONMENT, FL 32533
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66425849



DO NOT WRITE IN THIS SPACE

01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2692378	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RALEY, JOHN 1895 VICTORY ROAD CANTONMENT, FL 32533	<i>McI Coon</i> 1895 Victory Rd Cantonment, FL 32533
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* Signature typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when registering) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGLOTHREN, TED 1275 N. HIGHWAY 95-A CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARO, MIKE <i>Wayne Blanchett</i> 1166 HWY 4406 <i>3210 Creekwood Drive</i> MOLINO, FL 32577 <i>Cantonment, FL 32533</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDDINS, JERRY 2418 BOPEG RD CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESTER, JAMES 7156 SUNSHINE HILL RD MOLINO, FL 32577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, HAROLD PO BOX 913 GONZALEZ, FL 32560
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ruby Thomas, Ruby Thomas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

5-3-04 850-587-2295
Date: Date of Filing

[Signature]

5/27/04