

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N06180

1. Entity Name
VICTORY ASSEMBLY OF GOD, INC.



Principal Place of Business
**1895 VICTORY ROAD
CANTONMENT, FL 32533**

Mailing Address
**1895 VICTORY ROAD
CANTONMENT, FL 32533**



01092006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2692378

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COON, MEL
1895 VICTORY RD
CANTONMENT, FL 32533**

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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, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCGLOTHREN, TED
STREET ADDRESS	1275 N. HIGHWAY 95-A
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	D
NAME	BLANCHETT, WAYNE
STREET ADDRESS	3210 CREEKWOOD DRIVE
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	D
NAME	CANTRELL, DAVIO
STREET ADDRESS	P.O. BOX 745
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	D
NAME	HESTER, JAMES
STREET ADDRESS	7156 SUNSHINE HILL RD
CITY-ST-ZIP	MOLINO, FL 32577
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000384406
01/17/06-80009-023 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Karen C. Denmark KAREN C. DENMARK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/06
Date

(850)587-2295
Office Phone #