2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004
Secretary of State

DOCUMENT# N10955

Entity Name: CHRISTIAN VICTORY FELLOWSHIP CHURCH, INC.

Current Principal Place of Business:

% TOM N. CABELL
2302 JIMM LEE RD.
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

2302 JIM LEE RD
TALLAHASSEE, FL 32301 US

Current Mailing Address:

% TOM N. CABELL
2302 JIMM LEE RD.
TALLAHASSEE, FL 32301 US

New Mailing Address:

2302 JIM LEE RD
TALLAHASSEE, FL 32301 US

FEI Number: 59-2573622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CABELL, TOM N.
2302 JIM LEE RD.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

CABELL, TOM N PRESIDE
2302 JIM LEE RD.
TALLAHASSEE, FL 32301 US

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.

SIGNATURE: TOM N CABELL 07/07/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: MEARS, NORMAN
Address: 1332 WOODRIDGE WAY
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete
Name: MOORE, WILLIE
Address: 8480 PANACEA LANE
City-St-Zip: TALLAHASSEE, FL 32310

Title: D ( ) Delete
Name: CABELL, TOM N.,
Address: 6440 KINGMAN TRAIL
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM N CABELL PAST 07/07/2004
Electronic Signature of Signing Officer or Director Date