
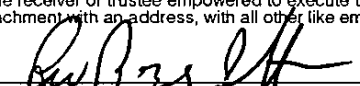


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2005 8:00 am
Secretary of State

06-02-2005 90003 023 ****61.25

DOCUMENT # N14258 1. Entity Name VICTORY ASSEMBLY OF GOD OF LAKE CITY, INC.					
Principal Place of Business 441 S & TABERNACLE RD AT ELLISVILLE LAKE CITY FL 32025 US			Mailing Address 207 SW TABERNACLE GLN LAKE CITY FL 32025-9442 US		
2. Principal Place of Business 441 S & TABERNACLE GLN		3. Mailing Address 207 SW TABERNACLE GLN			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2381850 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32025-2664					
6. Name and Address of Current Registered Agent SITER, ROGER A. RT 3 BOX 164C LAKE CITY FL 32025			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 207 SW TABERNACLE GLN City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SITER, ROGER A. RT 3 BOX 164C LAKE CITY FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SITER, PATRICIA RT 3 BOX 164C LAKE CITY FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR COLLINS, ROY P O BOX 848 LAKE CITY FL 32055	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HEDMAN, LLOYD RT 3 BOX 1543 LAKE CITY FL 32025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR KEITER, RON RT 3 BOX 312-10 LAKE CITY FL 32025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR COLLINS, PATRICIA P O BOX 848 LAKE CITY FL 32055	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	207 SW TABERNACLE GLN LAKE CITY FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	207 SW TABERNACLE GLN LAKE CITY FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	474 SE BALD EAGLE LOOP LAKE CITY FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 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:  REV. ROGER A. SITER 05-23-05 (386) 758-1995					