

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


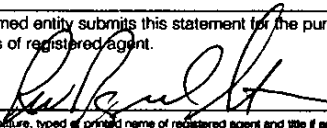
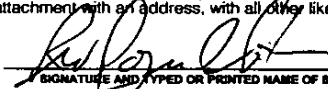
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2006 OCT 23 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10052006 REIN-NP CR2E099 (11/05)

<b>DOCUMENT # N14258</b>					
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 GLEN LAKE CITY, FL 32025-9442 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-2381850			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SITER, ROGER A. 207 SW TABERNACLE GLEN LAKE CITY, FL 32025			Name Street Address (P.O. Box Number is Not Acceptable) 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 		REV. ROGER A. SITER		10/05/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50			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. 207 SW TABERNACLE GLEN LAKE CITY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100081108671 10/23/06--01019--019 **245.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SITER, PATRICIA 207 SW TABERNACLE GLEN LAKE CITY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR KEITER, RON 474 SE BALD EGLE LOOP LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ROBERT McMURRAIN 4590 SW 84TH TRAIL LAKE BUTLER, FL 32054	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: 		REV. ROGER A. SITER		10/05/06 (386) 758-1995	
Signature and typed or printed name of signing officer or director				Date Daytime Phone #	

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