

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED

08 SEP 15 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06042008 Chg-NP CR2E037 (12/06)

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 GLEN LAKE CITY, FL 32025-9442 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2381850	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		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. 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	S SITER, PATRICIA 207 SW TABERNACLE GLEN LAKE CITY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	000136103680 09/18/08--01043--013 **61.25
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D/S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MCMURRAIN, ROBERT 4590 SW 84 TRAIL LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	T
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: <u>Rev. Roger A. Siter</u> 09/01/08 (386) 758-1995 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

9/15aw