

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26351 (9)

1. Corporation Name

VICTORY BIBLE FELLOWSHIP, INC.

Principal Place of Business

11330 SHERIDAN ST.
PEMBROKE PINES FL 33026

Mailing Address

11330 SHERIDAN ST.
PEMBROKE PINES FL 33026



3. Date Incorporated or Qualified

05/09/1988

3a. Date of Last Report

02/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, DEVON
11330 SHERIDAN ST.
PEMBROKE PINES FL 33026

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Devon Brown

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	☐ DELETE
NAME	FLETCHER, CLAUDETTE	
STREET ADDRESS	11330 SHERIDAN ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VP	☐ DELETE
NAME	BROWN, PATRICIA	
STREET ADDRESS	11330 SHERIDAN ST.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	☒ DELETE
NAME	COOPER, PAUL	
STREET ADDRESS	7753 BILTMORE BLVD.	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	☐ DELETE
NAME	BODDEN, BEVL	
STREET ADDRESS	19750 NW 54 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	WILLIAMS, DONOVAN	
STREET ADDRESS	3704 BAHAMA DR	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	P	☐ DELETE
NAME	BROWN, DEVON	
STREET ADDRESS	11330 SHERIDAN ST.	
CITY-ST-ZIP	PEMBROKE PINES FL	

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Dorman Henry	☒ Addition
2.2 NAME	11301 Rockinghorse Rd	
2.3 STREET ADDRESS	Cooper City, FL 33026	
2.4 CITY-ST-ZIP		
3.1 TITLE	Phillip Bailey	☒ Addition
3.2 NAME	3386 NW 30th St, #16	
3.3 STREET ADDRESS	Lauderdale Lakes, FL 33311	
3.4 CITY-ST-ZIP		
4.1 TITLE	Robert Bishop	☒ Addition
4.2 NAME	5900 NW CT	
4.3 STREET ADDRESS	Sunrise, FL 33313	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Devon Brown

DEVON BROWN

1/26/96

305-9293411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)