Applied For

\$8.75 Additional

Fee Regulred

\$5.00 May Be

Added to Fees

Not Applicable

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$238.25).

NONPROFIT CORPORATION ANNUAL REPORT

2. Principal Place of Business

21



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1**9**98 DOCUMENT # N36069

(5)

VICTORY ASSEMBLY OF GOD PALM BAY, FLORIDA, INCOR PORATED

Principal Place of Business Malling Address 726 JAMES CIRCLE, N.E. 726 JAMES CIRCLE, N.E. PALM BAY FL 32905 PALM BAY FL 32905

1959 SUGARBERRY CT. NE

STREET ADDRESS

SIGNATURE:

Mailing Address 26 Suite, Apt. #, etc.

City & State City & State 28 Zip Country Zip Country 24 29 30

Suite, Apt. #, etc.

FILED Jul 09 1998 8:00am § Secretary of State



Yes No

Yes

7. Is this nonprofit corporation a homeowners association?

8. This corporation owes or has paid the current year Intangible

3. Date Incorporated or Qualified

01/1<u>1</u>/1990 4. FEI Number

59-3146160

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Trust Fund Contribution

9, Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
			81	Name		
VIVEIROS, PASTOR EDWIN N. S.			82	Street	Address (P.O. Box Number is Not Acceptable)	
150 MAICO OF THE			_			
PALM BAY FL 32905		-	83			
	•	ŀ	84	City	85 Zip Code	
			\perp		FL 1 1 1 1 1 1 1 1 1	
11. Pursuant to the provisions of sections 617.0502 and 617.0508, 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						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)						
12.	OFFICERS AND DIRECTORS	13.		_ _	ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 12 Change Addition	
NAME	V MERRITT, GEORGE H REV.	1.2 NAME			HAROLD FOWLER J. Change D. Addition	
	•			ADDRESS	OWLL STER AUE S.E.	
STREET ADDRESS	221 CHICAGO WOODS CIRCLE ORLANDO FL				PALH BAY FLORIDA 32909	
CITY-ST-ZIP		1.4 CITY-		ZIP		
NAME	P DELETE DELETE	2.2 NAME		ł	Change Addition	
STREET ADDRESS	728 JAMES CIRCLE, N.E.	2.3 STREE		ADDDESS		
	PALM BAY FL 32905	2.3 STR				
CITY-ST-Z#P		3.1 TITI		ZIP		
	· · · · · · · · · · · · · · · · · · ·	3.2 NAME			Change Addition	
NAME	RIVERS, FRANK	3.3 STREET		4 D D D C C C C		
STREET ADORESS	944 LIONS CIRCLE N.W.				_	
CITY-ST-ZIP	PALM BAY FL	3.4 CIT	_	ZIP		
	S DELETE				Change Addition	
NAME	FRITZ, GARY W.	1.2 NAI			CELINA S. VIVEIROS 310 CAUERN AU. S.E.	
STREET ADDRESS	728 JAMES CIRCLE NE			ADDRESS		
CITY-ST-ZIP	TR DELETE	4.4 CIT	_	ZIP	PALM BAY, FL. 32909	
		5.2 NAJ			Change PAddition	
NAME	SZELUGA, MARY D			4000500	GENE AUDIFFEREN BLUD N.E. PALM BAY FL . 32905	
STREET ADDRESS	to the Business transfer since	-		ADORESS	Print Of The Oració	
CITY-ST-ZIP	PALM BAY FL	5.4 CIT	_	ZIP		
TITLE	TR DELETE				Change Addition	
NAME	BERNARD, MCCOLLIN	6.2 NA	Æ			

6.3 STREET ADDRESS

CITY-ST-ZIP

PALL BAY FL 32905

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual report to legue 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.