


FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90119 009 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36069

1. Corporation Name

VICTORY ASSEMBLY OF GOD PALM BAY, FLORIDA, INCORPORATED

Principal Place of Business

 726 JAMES CIRCLE, N.E.
 PALM BAY FL 32905

Mailing Address

 726 JAMES CIRCLE, N.E.
 PALM BAY FL 32905

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/11/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3146160	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

VIVEIROS, PASTOR EDWIN M
726 JAMES CIR NE
PALM BAY FL 32905

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	TR
NAME	FOWLER, HAROLD	1.2 NAME	
STREET ADDRESS	984 ULSTER AVENUE S E	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32909	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	P/C
NAME	VIVEIROS, EDWIN A REV.	2.2 NAME	
STREET ADDRESS	726 JAMES CIRCLE, N.E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	2.4 CITY-ST-ZIP	
TITLE	TR	3.1 TITLE	TR
NAME	RIVERS, FRANK	3.2 NAME	
STREET ADDRESS	944 LIONS CIRCLE N.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	VIVEIROS, CELINA S	4.2 NAME	
STREET ADDRESS	310 CAVERN AVENUE S E	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32909	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	AUDIIFEREN, GENE	5.2 NAME	
STREET ADDRESS	198 PORT MALABAR BLVD NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905	5.4 CITY-ST-ZIP	
TITLE	TR	6.1 TITLE	
NAME	BERNARD, MCCOLLIN	6.2 NAME	
STREET ADDRESS	1959 SUGARBERRY CT. NE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM 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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

3-26-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CR2E037 (11/98)