

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90181 018 ****61.25

DOCUMENT # N38275 1. Entity Name VICTORY PENTECOSTAL HOLINESS CHURCH, INC.					
Principal Place of Business 2230 HWY. 2321 SOUTHPORT, FL 32409			Mailing Address REV. STEVEN F SCURLOCK 3913 SCURLOCK LANE PANAMA CITY, FL 32409		
2. Principal Place of Business 2230 HWY 2321 Suite, Apt. #, etc.		3. Mailing Address CHARLES E. SAPP 7501 JACKSON AVE. Suite, Apt. #, etc.			
City & State SOUTHPORT, FLA.		City & State SOUTHPORT, FLA.		4. FEI Number 59-2985051	
Zip 32409		Country BAY		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCURLOCK, STEVEN REV. 3913 SCURLOCK LANE PANAMA CITY, FL 32409			7. Name and Address of New Registered Agent Name REV: KEVIN BARTLETT Street Address (P.O. Box Number is Not Acceptable) 164 HITCHCOCK ROAD City SOUTHPORT, FLA FL Zip Code 32409		
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 <i>Rev. Kevin Bartlett</i> REV: KEVIN BARTLETT APRIL 28th, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	D SAPP, CHARLES E <input type="checkbox"/> Delete 7501 JACKSON AVE SOUTHPORT, FL 32409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SCURLOCK, FARREL 3940 SCURLOCK LANE PANAMA CITY, FL 32409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD SAPP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8015 S. Mc/CANN RD. SOUTHPORT, FLA. 32409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SOWELL, JACK 7841 RILEY RD SOUTHPORT, FL 32409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Delete WILLIAMS, SHIRLEY 3928 SCURLOCK LANE PANAMA CITY, FL 32409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHIRLEY WILLIAMS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3928 SCURLOCK LANE PANAMA CITY, 32409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REBA SAPP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7501 JACKSON AVE SOUTHPORT, FLA. 32409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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: <i>Reba Sapp</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			REBA SAPP APRIL 28th, 2005. <small>Date Daytime Phone #</small>		