

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90144 016 ****61.25

DOCUMENT # N38275 1. Entity Name VICTORY PENTECOSTAL HOLINESS CHURCH, INC.					
Principal Place of Business 2230 HWY. 2321 SOUTHPORT, FL 32409			Mailing Address CHARLES E SAPP 7501 JACKSON AVE SOUTHPORT, FL 32409		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address SHIRLEY WILLIAMS Suite, Apt. #, etc. 3928 SCURLOCK LN.			
City & State 		City & State PANAMA CITY, FL.		4. FEI Number 59-2985051	
Zip 32409		Country BAH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARTLETT, KEVIN REV 164 HITCHCOCK RD SOUTHPORT, FL 32409				7. Name and Address of New Registered Agent 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 <u><i>Kevin Bartlett</i></u> KEVIN BARTLETT <u>4-13-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 7501 JACKSON AVE SOUTHPORT, FL 32409	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAPP, RICHARD 8015 S MCCANN RD. SOUTHPORT, FL 32409	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAPP, RICHARD 8015 S MCCANN RD SOUTHPORT, FL 32409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCURLOCK, MILTON 3936 SCURLOCK LN. PANAMA CITY, FL 32409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOWELL, JACK 7841 RILEY RD SOUTHPORT, FL 32409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOWELL, JACK 7841 RILEY RD. SOUTHPORT, FL 32409	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, SHIRLEY 3928 SCURLOCK LANE PANAMA CITY, FL 32409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRISH, LEWIS 2521 N. PALO ALTO AVE. PANAMA CITY, FL 32409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAPP, REBA 7501 JACKSON AVE SOUTHPORT, FL 32409	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T WILLIAMS, SHIRLEY 3928 SCURLOCK LN. PANAMA CITY, FL 32409	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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><i>Shirley Williams</i></u> SHIRLEY WILLIAMS <u>4-13-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					