FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N38982

(7)

1. Corporation trame				
VICTORY BAPTIST CHURCH OF DELAND, INC.				
		· ·-		E ALBANDAN DADA SINDAN (BANKA LANDAN SINDAN BANKA BIRKA B
Principal Place of Business Mailing Address				
2179 N SPRING GARDEN AVE 2179 N SPRING GARDEN AV			AVE	3. Date Incorporated or Qualified
DELAND FL 32720 DELAND FL 32720				06/29/1990
ĺ				4. FEI Number Applied For
				59-3017015 Not Applicable
· ·	Place of Business	2a. Mailing Address		5. Certificate of Status Desired S8.75 Additional
21		26		Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5,00 May Be
City & State		City & State		Trust Fund Contribution L. Added to Fees
23		28		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent
81 Name Ed Mexidith				
KELSEY, KEITH			B2 Street A	Address (P.O. Box Number is Not Acceptable)
2100 ST	2100 STRATFORD DR			2671 Spring Court
DELAND FL 32724			83	
			84 City	Deland FL 85 Zip Code 32720
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 registored 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 landlesp with and appent the obligations of Section 617.0503, Florida Statutes.				
agent. Lam familian with, and accept the obligations of Section 617.0503, Florida Statutes.				
SIGNATURE Signature, typed of printed name of registered agent and tallo if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Director Change Addition
NAME	NOBLES, JOHN	<i>r</i>	1.2 NAME	Ed meridian 2671 spring Court
STREET ADDRESS	2840 VALLEY FORGE RD		1.3 STREET ADDRESS	2671 spring Coner
CITY-ST-ZIP	DELAND_FL		1.4 CITY-ST-ZIP	Actand, FL 32720
TITLE	D	DELĒTE	2.1 TITLE	Director Change Addition
NAME	FROELHLIEH, MIKE	•	2.2 NAME	Zone Lewis 240 North street
STREET ADDRESS	409 ALHANBRA DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	DELEON SPRINGS FL	Distre	2. 4 CITY-ST-ZIP	
TITLE	D HADDIC DAN	☐ DELETE	3.1 TITLE	Change Addition
NAME ATOREST ADODESOS	HARRIS, DAN 5284 WEST AVE.		3.2 NAME	
STREET ADDRESS	DELEON SPRINGS FL		3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	DELEUN SPRINGS FL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
NAME	SNYDER, CARL	Politic	4. 2 NAME	
STREET ADDRESS	207 ROBINHOOD DR.		4.3 STREET ADDRESS	
CITY+ST-ZIP	DELAND FL		4.4 CITY - ST - ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	_ · -
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	1		6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
l	1		I .	

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.

SIGNATURE:

3.15.96

FILED

Apr 13 1998 8:00am

Secretary of State