


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90086 023 ****61.25

0013392

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N38982					
1. Corporation Name VICTORY BAPTIST CHURCH OF DELAND, INC.					
Principal Place of Business 2179 N SPRING GARDEN AVE DELAND FL 32720			Mailing Address 2179 N SPRING GARDEN AVE DELAND FL 32720		

9 5 7 6 5 - 9 0 0 8 6 - 2 3



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/29/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3017015	
22		27		Applied For <input type="checkbox"/> Not Applicable	
23. City & State		28. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Zip	25	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
29	Zip	30	Country	Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MEREDITH, ED 2671 SPRING COURT DELAND FL 32720				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MEREDITH, ED			1.2 NAME			
STREET ADDRESS	2671 SPRING CT			1.3 STREET ADDRESS			
CITY-ST-ZIP	DELAND FL 32720			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEWIS, ZANE			2.2 NAME			
STREET ADDRESS	240 NORTH STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	DELAND FL 32720			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARRIS, DAN			3.2 NAME			
STREET ADDRESS	5284 WEST AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	DELEON SPRINGS FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				4.2 NAME	BILLY DOWLING		
STREET ADDRESS				4.3 STREET ADDRESS	1010, SOUTH SPRING GARDEN AVE,		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	DELAND, FL 32720.		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME	MARY MERIDITH		
STREET ADDRESS				5.3 STREET ADDRESS	2671, SPRING COURT		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	DELAND, FL 32720.		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 **1/7/99** **904-943-8375**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)