


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N39161 1. Entity Name VICTORY IN CHRIST BIBLE CHURCH, INC.	
--	---

Principal Place of Business 2525 W EDGEWOOD AVE JACKSONVILLE, FL 32209 US	Mailing Address P.O. BOX 2517 JACKSONVILLE, FL 32203
---	--

DO NOT WRITE IN THIS SPACE



04052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3027564	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PONDER, WALTER JR.
5818 GRACE LANE
JACKSONVILLE, FL 32205

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FAUST, WILLIE F JR 3920 HICKORY GROVE DR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHOENIX, HERMAN 602 EAST 64TH ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PONDER, WALTER JR 5818 GRACE LN JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEWIS, BENJAMIN JR 8114 HELSTON DR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOWARD, JAMES 3355 HICKORYNUT ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

U000000337289
04/27/05-80161-021 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Walter Ponder Jr 4/20/05 904-786-9410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

WALTER PONDER, JR.