FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:11

DOCUMENT # **N40431** **(1)**

1. Corporation Name

VICTORY TEMPLE OF JESUS CHRIST, INC. (AN EAGLE M INISTRY)

Principal Place of Business	Mailing Address
1707 AVE D. FORT PIERCE FL 34950	P. O. BOX 3331 FT. PIERCE FL 34948 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0275228 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip * 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HALL, ALCENIA
2874 HARSON WAY
FT. PIERCE FL 34946

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Alcenia D. Hall — 4-25-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	HALL, ALCENIA	12 NAME	
STREET ADDRESS	2846 HARSON WAY	13 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☒ Change ☐ Addition
NAME	~~WILLIAMS, LEONA T.~~	22 NAME	Kathy Renea Harper
STREET ADDRESS	~~3105 ADA TIGER CT.~~	23 STREET ADDRESS	1214 Ave. H.
CITY-ST-ZIP	~~HOLLYWOOD FL~~	24 CITY-ST-ZIP	Fort Pierce, Fla. 34950
TITLE	D	31 TITLE	D ☐ Change ☐ Addition
NAME	MOORE, CHRISTINE M	32 NAME	Christine M. Moore
STREET ADDRESS	[redacted]	33 STREET ADDRESS	P.O. Box 10500 N/A
CITY-ST-ZIP	[redacted] FL 33220	34 CITY-ST-ZIP	Detroit, Michigan 48210
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	STEVENS, WANDA	42 NAME	
STREET ADDRESS	1702 AVENUE G	43 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	REMITTED BY MAY 1
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Alcenia Denise Hall — 4-25-95 — (407) 464-0588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D0000000