

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 19 1997 8:00am
Secretary of State

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 06/05/1996
4. FEI Number 65-0275228	Applied For Not Applicable
5. Certificate of Status Desired X	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALL, ALCENIA
2874 HARRISON WAY
FT. PIERCE FL 34948

61 Name Leon Hall
62 Street Address (P.O. Box Number is Not Acceptable) 2874 Harrison Way
63
64 City Ft. Pierce
65 Zip Code FL 34948

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 Leon Hall
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, ALCENIA	1.2 NAME	
STREET ADDRESS	2874 HARRISON WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34948	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, NAOMI	2.2 NAME	
STREET ADDRESS	801 N 35TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34948	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, CHRISTINE M	3.2 NAME	
STREET ADDRESS	P O BOX 10500 WA. 2-928 Costello Ave	3.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI 48201 Cincinnati, Ohio 45201	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, KATHY R	4.2 NAME	
STREET ADDRESS	1214 AVE. H	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34950	4.4 CITY-ST-ZIP	
TITLE	Assistant Director <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amelia Scott	5.2 NAME	
STREET ADDRESS	520 N.W. 107th St.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida	5.4 CITY-ST-ZIP	
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 do 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 Leon Hall

9-9-97

CR2E037 (4/97)