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FILED
May 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40431 (1)
1. Corporation Name
VICTORY TEMPLE OF JESUS CHRIST, INC. (AN EAGLE M INISTRY)

Principal Place of Business 1707 AVE D. FORT PIERCE FL 34950	Mailing Address P. O. BOX 3331 FT. PIERCE FL 34948 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**HALL, LEON
2874 HARRSON WAY
FT. PIERCE FL 34948**

3. Date Incorporated or Qualified 09/28/1990
4. FEI Number 65-0275228
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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 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	
TITLE	DP <input type="checkbox"/> DELETE
NAME	HALL, ALCENIA
STREET ADDRESS	2874 HARRSON WAY - 2874 Harrison Way
CITY-ST-ZIP	FT. PIERCE FL 34948
TITLE	T <input type="checkbox"/> DELETE
NAME	SCOTT, NAOMI
STREET ADDRESS	801 N 35TH ST
CITY-ST-ZIP	FT PIERCE FL 34948
TITLE	D <input type="checkbox"/> DELETE
NAME	MOORE, CHRISTINE M
STREET ADDRESS	2928 COSTELLO AVE
CITY-ST-ZIP	CINCINNATIC OH 45211
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	WAGNER, KATHY R
STREET ADDRESS	1801 N. W. 11th Ave
CITY-ST-ZIP	FT. PIERCE FL 34950
TITLE	D <input type="checkbox"/> DELETE
NAME	SCOTT, AMELIA
STREET ADDRESS	863 N.E. 79th St.
CITY-ST-ZIP	MIAMI FL - 33168
TITLE	Director <input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Assistance Treasure <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kachina Hall
2.3 STREET ADDRESS	504 Howie Ave.
2.4 CITY-ST-ZIP	Ft. Pierce, Fla. 34950
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gelata Smith
4.3 STREET ADDRESS	517 N. 25th St
4.4 CITY-ST-ZIP	Ft. Pierce, Fla. 34946
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	900002542159
5.3 STREET ADDRESS	-06/01/98--01056--002
5.4 CITY-ST-ZIP	***70.00
6.1 TITLE	Director Assistance <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Molly Lebron
6.3 STREET ADDRESS	863 N.E. 79th St.
6.4 CITY-ST-ZIP	Miami, Fla. 33168

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: **Alcenia Hall** **4-20-98 (5612461-0107)**

CR2E037 (1097)