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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

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

3. Date Incorporated or Qualified: 09/28/1990  
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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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

9. Name and Address of Current Registered Agent  
HALL, LEON  
2874 HARSON WAY  
FT. PIERCE FL 34948

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 HARSON WAY - 2874 Harson 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	<del>MARIE MARY R</del>	
STREET ADDRESS	<del>1814 N W</del>	
CITY-ST-ZIP	<del>FT PIERCE FL 34950</del>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, AMELIA	
STREET ADDRESS	<del>5000 N W 11th St</del> 863 N.E. 79th St.	
CITY-ST-ZIP	MIAMI FL - 33168	
TITLE	<del>Director Assistance</del>	<input type="checkbox"/> DELETE
NAME	<del>Molly Lebron</del>	
STREET ADDRESS	<del>863 N.E. 79th St.</del>	
CITY-ST-ZIP	<del>MIAMI, FLA. 33168</del>	

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	Geleta 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: \_\_\_\_\_ DATE: 4-20-98 (561)461-0100

CR2E037 (1097)