

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90016 035 ****62.00

0074219

DOCUMENT # N40431

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

9. Name and Address of Current Registered Agent

HALL, LEON
2874 HARRISON 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
STREET ADDRESS HALL, ALGENIA
CITY-ST-ZIP 2846 HARRISON WAY
FT. PIERCE FL 34946

TITLE ☐ DELETE

NAME T
STREET ADDRESS SCOTT, NAOMI
CITY-ST-ZIP 801 N 35TH ST
FT PIERCE FL 34946

TITLE ☐ DELETE

NAME D
STREET ADDRESS MOORE, CHRISTINE M
CITY-ST-ZIP 2928 COSTELLO AVE
CINCINNATIC OH 45211

TITLE ☐ DELETE

NAME D/S
STREET ADDRESS SMITH, GELELTA
CITY-ST-ZIP 517 N 5TH ST
FT PIERCE FL 34946

TITLE ☐ DELETE

NAME D
STREET ADDRESS SCOTT, AMELIA
CITY-ST-ZIP 863 NE 79TH ST
MIAMI FL 33168

TITLE ☐ DELETE

NAME D
STREET ADDRESS LEBRON, MOLLY
CITY-ST-ZIP 863 NE 79TH ST
MIAMI FL 33168

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 (561) 595-9484
Date Daytime Phone #

CR2E037 (11/98)