

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N41372 (6)

1. Corporation Name

VICTORY TABERNACLE OF PINELLAS COUNTY, INC.



Principal Place of Business

Mailing Address

521 1ST AVE SW
LARGO FL 34640
US

521 1ST AVE SW
LARGO FL 34640
US

3. Date Incorporated or Qualified
12/17/1990

3a. Date of Last Report
05/01/1995

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

4. FEI Number
NOT APPLICABLE

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEADER, DAVID A.
521 1ST AVE SW
LARGO FL 34640

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LEADER, DAVID A.
STREET ADDRESS 10195 SAILWINDS BV N 106
CITY-ST-ZIP LARGO FL

1.1 TITLE ELDER / TRUSTEE
1.2 NAME ROBERT F. KRAUSE
1.3 STREET ADDRESS 1451 ADAMS CIRCLE E.
1.4 CITY-ST-ZIP LARGO, FL 34641

TITLE VD
NAME GRAY, THOMAS
STREET ADDRESS 8242 128TH STR NO
CITY-ST-ZIP SEMINOLE FL

2.1 TITLE TRUSTEE
2.2 NAME FRED PETSCH
2.3 STREET ADDRESS 8920 118TH ST N
2.4 CITY-ST-ZIP SEMINOLE FL 34642

TITLE SD
NAME HILES, PAUL
STREET ADDRESS 9259 119TH WAY, NORTH
CITY-ST-ZIP SEMINOLE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME MOODY, ROBERT
STREET ADDRESS 210 REGINA DRIVE N
CITY-ST-ZIP LARGO FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ELDER / TRUSTEE
NAME ROBERT F. KRAUSE
STREET ADDRESS 1451 ADAMS CIRCLE EAST
CITY-ST-ZIP LARGO, FL 34641

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE TRUSTEE
NAME FRED PETSCH
STREET ADDRESS 8920 118TH ST N.
CITY-ST-ZIP SEMINOLE, FL 34642

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Robert F. KRAUSE - Elder / Trustee 1/14/96

(813) 585-9881

CR2E037 (12/95)