


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N41372** (6)

1. Corporation Name

VICTORY TABERNACLE OF PINELLAS COUNTY, INC.

Principal Place of Business

Mailing Address

1233 MYRTLE AVE
CLEARWATER FL 34640
US

8242 128TH STREET NORTH
SEMINOLE FL 33776
US

3. Date Incorporated or Qualified

12/17/1990

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 13400 Penswinkle Av

26 13400 Penswinkle Av

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Seminole FL

28 Seminole FL

24 Zip 33776

25 Country us

29 Zip 33776

30 Country us

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAY, THOMAS C
8242 128TH STREET NORTH
SEMINOLE FL 33776

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 PD LEADER, DAVID A. DELETE

NAME STREET ADDRESS 10195 SAILWINDS BV N 106
CITY-ST-ZIP LARGO FL

TITLE PD GRAY, THOMAS C DELETE

NAME STREET ADDRESS 8242 128TH STR NO
CITY-ST-ZIP SEMINOLE FL

TITLE T KRAUSE, ROBERT F DELETE

NAME STREET ADDRESS 1451 ADAMS CIRCLE E
CITY-ST-ZIP LARGO FL

TITLE T PETSHE, FRED DELETE

NAME STREET ADDRESS 8920 118TH STREET NORTH
CITY-ST-ZIP SEMINOLE FL

TITLE T ADAIR, JAMES DELETE

NAME STREET ADDRESS 215 VALENCIA BLVD
CITY-ST-ZIP BELLEAIR BLUFFS FL

TITLE S STONE, NOEL DELETE

NAME STREET ADDRESS 11300 122ND AVE NORTH
CITY-ST-ZIP LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Salvatore Blanco Change Addition

1.2 NAME 13400 Penswinkle Av
1.3 STREET ADDRESS Seminole FL 33776
1.4 CITY-ST-ZIP

2.1 TITLE V D Change Addition

2.2 NAME Gray, Thomas C
2.3 STREET ADDRESS 8242 128th Str N
2.4 CITY-ST-ZIP Seminole FL 33776

3.1 TITLE T Kay Adair Change Addition

3.2 NAME 215 Valencia Blvd
3.3 STREET ADDRESS Belleair Bluffs FL 33770
3.4 CITY-ST-ZIP

4.1 TITLE S Shirley Stone Change Addition

4.2 NAME 11300 122nd Ave N
4.3 STREET ADDRESS Largo FL 33778
4.4 CITY-ST-ZIP

5.1 TITLE Tr James Capuano, Soc Change Addition

5.2 NAME 1001 Starky Road, Lot 65
5.3 STREET ADDRESS Largo FL 33771
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.

SIGNATURE:

Shirley Stone REQUIRED

1/21/98

813.581.4895

CR2E037 (10/97)