2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 23, 2004 8:00 am Secretary of State DOCUMENT # N41479 1. Entity Name 04-23-2004 90273 017 ****61.25 VICTORY BAPTIST CHURCH OF BRANDON, INC. Principal Place of Business Mailing Address 4243 E LUMSDEN AVE 4243 E LUMSDEN VALRICO FL 33594 VALRICO FL 33594 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 65-0223877 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SORENSEN, HOWARD (GENE) Street Address (P.O. Box Number is Not Acceptable) 1506 MEADOWRIDGE VALRICO FL 33594 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete Change ☐ Addition VALKENBURG, RON V NAME 501 S TERRACE DR STREET ADDRESS STREET ADDRESS BRANDON FL 33510 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition HARRIS, DURWARD NAME NAME 105 RUBY CIR STREET ADDRESS STREET ADDRESS BRANDON FL 33510 CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition HAMILTON, RICHARD NAME NAME 2816 MANOR HILL DRIVE STREET ADDRESS STREET ADORESS BRANDON FL 33511 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.