

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90227 046 ****61.25

DOCUMENT # N93000000059

1. Entity Name

VICTORY BAPTIST CHURCH OF BELLEVUE, FLORIDA, INC.



Principal Place of Business

6185 SE 140TH ST
SUMMERFIELD FL 34491
US

Mailing Address

P O BOX 138
SUMMERFIELD FL 34491
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3155163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VANN, MICHAEL
9230 S.E. 107TH PL
BELLEVUE FL 34420

7. Name and Address of New Registered Agent

Name **OSCAR AGUDELO**

Street Address (P.O. Box Number is Not Acceptable)

8 CLEAR WAY

City **OCALA**

FL

Zip Code **34472**

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

4-25-05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CONDER, CHARLES	
STREET ADDRESS	7967 SE 121ST PLACE	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE	T	<input type="checkbox"/> Delete
NAME	EVANS, JAMES	
STREET ADDRESS	11594 SE 60TH AVE.	
CITY-ST-ZIP	BELLEVUE FL	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	VANN, MICHAEL	
STREET ADDRESS	9230 S.E. 107TH PL.	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JULIUS LANG	
STREET ADDRESS	5800 SE 119 ST	
CITY-ST-ZIP	BELLEVUE FL 34421	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSCAR AGUDELO	
STREET ADDRESS	8 CLEAR WAY	
CITY-ST-ZIP	OCALA, FL 34472	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 352-598-5555