


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90093 005 \*\*\*\*70.00

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>DOCUMENT # N93000000059</b>  |   |  |  |   |  |
| <b>1. Entity Name</b><br>VICTORY BAPTIST CHURCH OF BELLEVIEW, FLORIDA, INC.   |   |  |  |  |  |
| <b>Principal Place of Business</b><br>6185 SE 140TH ST<br>SUMMERFIELD, FL 34491 US  |   |  | <b>Mailing Address</b><br>P O BOX 138<br>SUMMERFIELD, FL 34491 US          |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b>  |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |  |  |
| City & State  |   | City & State   |  |  |  |
| Zip   | Country   | Zip  | Country  | <b>4. FEI Number</b><br>59-3155163   |  |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>   |   |  |  | Applied For<br>Not Applicable  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>AGUDELO, OSCAR<br>8 CLEAR WAY<br>OCALA, FL 34472  |   |  |  | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |
| <b>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.</b>  |   |  |  |  |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE _____</span>   |   |  |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>   |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>   |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>  |   |  |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>               |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | DT<br>LANG, JULIUS<br>5800 SE 119 ST<br>BELLEVIEW, FL 34421 | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | T<br>Lane, Julius  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | DT<br>SOTO, ALEX<br>P.O. BOX 3532<br>BELLEVIEW, FL 34421    | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | TR<br>AGUDELO, OSCAR<br>8 CLEAR WAY<br>OCALA, FL 34472      | <input type="checkbox"/> Delete  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete                             |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete                             |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete                             |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b> |   |  |  |  |  |
| <b>SIGNATURE:</b> _____   |   |  | OSCAR  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |  | Date _____ Daytime Phone # _____   |  |  |