

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 # N95000000902 (5)

1. Corporation Name

VICTORY WORSHIP FELLOWSHIP, INC.



Principal Place of Business

1703 W. HANNA AVENUE
TAMPA FL 33604

Mailing Address

1703 W. HANNA AVENUE
TAMPA FL 33604

3. Date Incorporated or Qualified
02/23/1995

3a. Date of Last Report
2/23/95

2. Principal Place of Business

2a. Mailing Address

21 SAME AS ABOVE

26 SAME AS ABOVE

4. FEI Number
59-3291121

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

GRANADO, ALEIDA
1703 W. HANNA AVENUE
TAMPA FL 33604

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME DIAZ, JOEL
STREET ADDRESS 209 FOXWOOD DR.
CITY-ST-ZIP BRANDON FL 33510 ☒ DELETE

11 TITLE Director
12 NAME Michelle R. McClellan ☐ Change ☒ Addition
13 STREET ADDRESS 7210 N. MANHATTAN AVE. #312
14 CITY-ST-ZIP TAMPA, FL. 33614

TITLE D
NAME AYALA, KEVIN
STREET ADDRESS 209 FOXWOOD DR.
CITY-ST-ZIP BRANDON FL 33510 ☒ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME AYALA, KATHY ASST-T
STREET ADDRESS 209 FOXWOOD DR.
CITY-ST-ZIP BRANDON FL 33510 ☒ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME AQUAYO, ELLERY
STREET ADDRESS 1703 W. HANNA AVE.
CITY-ST-ZIP TAMPA FL 33604 ☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VTD
NAME AQUAYO, LORAIN
STREET ADDRESS 1703 W. HANNA AVE.
CITY-ST-ZIP TAMPA FL 33604 ☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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 12 if changed, or on an attachment with an address.

SIGNATURE: Lorraine Aguayo - LORAIN Aguayo (S) 5/5/94 (813) 988-1883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)