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FILED

Feb 06 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000002753 (0)

1. Corporation Name

VICTORY COMMUNITY CHURCH OF LOUGHMAN, INC.

Principal Place of Business

33 LONE PINE COURT  
DAVENPORT FL 33837

Mailing Address

33 LONE PINE COURT  
DAVENPORT FL 33837

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

06/06/1995

4. FEI Number

59-3224939

Applied For

Not Applicable

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

NORMAN, JAMES B. JR  
33 LONE PINE COURT  
DAVENPORT FL 33837

10. Name and Address of New Registered Agent

81 Name

NORMAN, JAMES B. JR.

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

33 LONE PINE CT

83

84 City

DAVENPORT

FL

85 Zip Code

33837

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

James B. Norman, Jr. James B. NORMAN, JR. (PS)

2/2/98

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  
NAME NORMAN, JAMES B JR  
STREET ADDRESS 33 LONE PINE CT  
CITY-ST-ZIP DAVENPORT FL

☐ DELETE

TITLE TD  
NAME DUNAWAY, ROBERT L  
STREET ADDRESS 1413 POLK CITY RD  
CITY-ST-ZIP HAINES CITY FL

☐ DELETE

TITLE TD  
NAME CODY, LORA C  
STREET ADDRESS 1603 POLK CITY RD  
CITY-ST-ZIP HAINES CITY FL

☐ DELETE

TITLE SD  
NAME DUNN, EILEEN C  
STREET ADDRESS 3490 ROE RD  
CITY-ST-ZIP HAINES CITY FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

James B. Norman, Jr. James B. NORMAN, JR. 2/2/98 (941) 424-3523

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

005635

CR2E037 (10/97)