


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90120 017 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000002753					
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		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/06/1995	
22 City & State		27 City & State		4. FEI Number 59-3224939	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
NORMAN, JAMES B JR 33 LONE PINE CT DAVENPORT FL 33837			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME PD NORMANI, JAMES B JR					
1.3 STREET ADDRESS 33 LONE PINE CT					
1.4 CITY-ST-ZIP DAVENPORT FL					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME TD DUNAWAY, ROBERT L					
2.3 STREET ADDRESS 1413 POLK CITY RD					
2.4 CITY-ST-ZIP HAINES CITY FL					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME TD CODY, LORA C					
3.3 STREET ADDRESS 1603 POLK CITY RD					
3.4 CITY-ST-ZIP HAINES CITY FL					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME SD DUNN, EILEEN C					
4.3 STREET ADDRESS 3490 ROE RD					
4.4 CITY-ST-ZIP HAINES CITY FL					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: James B. Norman **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99

Date Daytime Phone #