


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000002753	
1. Entity Name VICTORY COMMUNITY CHURCH OF LOUGHMAN, INC.	

Principal Place of Business 2701 LA VISTA DR HAINES CITY, FL 33844	Mailing Address 2701 LA VISTA DR HAINES CITY, FL 33844
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01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3224939	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NORMAN, JAMES B JR 2701 LA VISTA DR Y HAINES CITY, FL 33844
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**DO NOT WRITE
IN THIS SPACE**

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 relistings) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORMAN, JAMES B JR 2701 LAVISTA DRIVE HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CODY, LORA C 1603 POLK CITY RD HAINES CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUNN, EILEEN C 3490 ROE RD HAINES CITY, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/24/05-80160-005 70.00

**DO NOT WRITE
IN THIS SPACE**

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

1/16/05 *(863) 419-2733*
Date Daytime Phone #