


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90049 039 \*\*\*\*\*61.25

<b>DOCUMENT # N95000002753</b> 1. Entity Name VICTORY COMMUNITY CHURCH OF LOUGHMAN, INC.	
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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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**DO NOT WRITE IN THIS SPACE**



01162006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3224939	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

NORMAN, JAMES B JR  
2701 LA VISTA DR  
**X**  
HAINES CITY, FL 33844

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>Filing Fee Is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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	

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: James B. Norman, Jr. JAMES B. NORMAN, JR. 1/16/06 (863) 419-2733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #