

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 # N95000003251 (4)

1. Corporation Name

VICTORIOUS OVERCOMING SAINTS OF GOD INCORPORATED



Principal Place of Business

730 SE 3RD ST  
GAINESVILLE FL

Mailing Address

913 NE 25TH ST  
GAINESVILLE FL 32641

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HARVEY, TOMMIE JR  
913 NE 25TH ST  
GAINESVILLE FL 32641

3. Date Incorporated or Qualified  
07/03/1995

3a. Date of Last Report

4. FEI Number

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

1. Name

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

3.

4. City

FL

5. Zip Code

11. I want 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	Founder & Overseer	<input type="checkbox"/> DELETE
NAME		Tommie Harvey JR	
STREET ADDRESS		913 N.E. 25th ST	
CITY-ST-ZIP		Gainesville FL 32641	
TITLE	T	Roommate Ferguson	<input type="checkbox"/> DELETE
NAME		2322 SE 13th St	
STREET ADDRESS		Gainesville Fla 32601	
CITY-ST-ZIP			
TITLE	T	Diana L Ferguson	<input type="checkbox"/> DELETE
NAME		2322 SE 13th St	
STREET ADDRESS		Gainesville Fla 32601	
CITY-ST-ZIP			
TITLE	T	Idella Anderson	<input type="checkbox"/> DELETE
NAME		619 S.W. 3rd St	
STREET ADDRESS		Gainesville Fla 32601	
CITY-ST-ZIP			
TITLE	T	Juanita Harvey	<input type="checkbox"/> DELETE
NAME		913 N.E. 25th St	
STREET ADDRESS		Gainesville FL 32641	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 T

12 N

13 SET ADDRESS

14 C ST-ZIP

21 T

22 N

23 SET ADDRESS

24 C ST-ZIP

31 T

32 N

33 SET ADDRESS

34 C ST-ZIP

41 T

42 N

43 SET ADDRESS

44 C ST-ZIP

51 T

52 N

53 SET ADDRESS

54 C ST-ZIP

61 T

62 N

63 SET ADDRESS

64 C ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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

SIGNATURE: Tommie Harvey JR Tommie Harvey JR 4/29/96 352-375-0478  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)