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May 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

730 SE 3RD ST
GAINESVILLE FL

913 NE 25TH ST
GAINESVILLE FL 32641-4881



3. Date Incorporated or Qualified
07/03/1995

3a. Date of Last Report
07/09/1996

2. Principal Place of Business

2a. Mailing Address

21 730 SW 3rd ST

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

Gainesville FLA

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [] DELETE

NAME HARVEY, TOMMIE JR.
STREET ADDRESS 913 NE 25TH ST.
CITY-ST-ZIP GAINESVILLE FL 32641

1.1 TITLE [] Change [] Addition

TITLE T [] DELETE

NAME FERGUSON, ROOSEVELT
STREET ADDRESS 2322 SE 13TH ST.
CITY-ST-ZIP GAINESVILLE FL 32601

1.2 NAME [] Change [] Addition

TITLE T [] DELETE

NAME FERGUSON, DIANE
STREET ADDRESS 2322 SE 13TH ST.
CITY-ST-ZIP GAINESVILLE FL 32601

1.3 STREET ADDRESS [] Change [] Addition

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP [] Change [] Addition

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE [] Change [] Addition

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME [] Change [] Addition

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS [] Change [] Addition

2.4 CITY-ST-ZIP [] Change [] Addition

3.1 TITLE [] Change [] Addition

3.2 NAME [] Change [] Addition

3.3 STREET ADDRESS [] Change [] Addition

3.4 CITY-ST-ZIP [] Change [] Addition

4.1 TITLE [] Change [] Addition

4.2 NAME [] Change [] Addition

4.3 STREET ADDRESS [] Change [] Addition

4.4 CITY-ST-ZIP [] Change [] Addition

5.1 TITLE [] Change [] Addition

5.2 NAME [] Change [] Addition

5.3 STREET ADDRESS [] Change [] Addition

5.4 CITY-ST-ZIP [] Change [] Addition

6.1 TITLE [] Change [] Addition

6.2 NAME [] Change [] Addition

6.3 STREET ADDRESS [] Change [] Addition

6.4 CITY-ST-ZIP [] Change [] Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deadline Phone 205-188-10

CR2E037 (9/96)