## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N95000003251 (4)

VICTORIOUS OVERCOMING SAINTS OF GOD INCORPORATED

FILED									
May 08 1998 8:00am									
Secretary of State									

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Principal Place of Business Mailing Address								A IRBUINDL DID ISIDI SUHI SENII SENII SENII SENII	Saist Eathe t	(ILE HÆRI	OFFOI FIRE FORE
730 S.W. 3RD GAINESVILLE F				913 NE 25TH ST Gainesville fl 32641				3. Date incorporated or Qualified			
US								07/03/1995 4. FEI Number		Т Т.	
								59-3385979			pplied For ot Applicable
2. Principal P	lace of Busin	1068	2a. Mailin	2a. Mailing Address				6. Certificate of Status Desired	٦ \$	8.75	Additional
21			26					6. Certificate of Status Desired			equired
Suite, Apt.	#, etc.		<u> </u>	Suite, Apt. #, etc.				6. Election Campaign Financing		55.00	
22				27]				Trust Fund Contribution Added to Fees			
City & Stat	ю		<u> </u>	City & State				7. Is this nonprofit corporation a homeowners association?			
Zip		Country		Zip Country				8. This corporation owes or has paid the current year Intangible			
24	Ì	25	29				Personal Property Tax due June 30.			No	
	9. Name and Address of Current							10. Name and Address of New Registered Agent			•
					1	31	Name				
	, TOMMIE . 25TH ST	JR		82 Street Add			Street Addre	Iress (P.O. Box Number is Not Acceptable)			
	zain ai Ville FL 32	2641		83				,			
					1	14	City	<u> </u>	8	5 Zip	Code
44 5				- <del>-</del>			· · · · · · · · · · · · · · · · · · ·			1	
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.											
agent. I am ramiliar with, and accept the obligations of, Section 617.0503, Pionda Statutes.  SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registere							n signatura requira		ATE		
12.		OFFICERS A	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICER:			
TITLE	D	TOLKIE IO		☐ DELETE	1.1 111)				ليا	Change	Addition
NAME		, tommie Jr. 25th St.			1.2 NAM						
STREET ADDRESS		25111 51. VILLE FL 32641					LDORESS				
CITY-ST-ZIP TITLE	T	VILLE I L DEUT I	<del>-</del>	DELETE	1.4 CITY 2.1 TITL		- ZIP		$\overline{}$	Change	Addition
NAME	FERGUS	ON. ROOSEVELT			2.1 11L					Unungo	
STREET ADDRESS		13TH ST.					ADDRESS	93			
City-St-ZIP		VILLE FL 32601			2.4 CIT						
TITLE	1			DELETE	3.1 TITL		1-211			Change	Addition
NAME	FERGUS	ON, DIANE			3.2 NAM				<del>_</del>	-	
STREET ADDRESS	2322 SE	13TH ST.			3.3 STRI	EET A	NDDRESS :				
CITY-ST-ZIP	GAINES!	VILLE FL 32601			3.4. CIT	y - ST	r-ZIP				
TITLE				DELETE	4.1 TITL	E				Change	Addition
NAME					4. 2 NAJ	Æ	1				
STREET ADDRESS					4.3 STR	EET A	VDDRESS				
CITY-ST-ZIP					4.4 CITY	-ST	-ZIP	<u> </u>			
TITLE				☐ DELETE	5.1 TITL					Change	Addition
NAME					5.2 NAM	E					
STREET ADDRESS					5.3 STR	EET A	NDDRESS				
CITY-ST-ZIP	·				5.4 CITY		- ZIP			<u> </u>	F 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
TITLE				☐ DELETE	6.1 TITL				Ц	Change	Addition
NAME					6.2 NAM	-					
STREET ADDRESS							LDDRESS				
CITY+ST-ZIP					6.4 CITY	- \$1-	-7IP				

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