

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90081 005 \*\*\*\*61.25

**DOCUMENT # N96000000333**

1. Corporation Name

**VICTORY TABERNACLE OF PRAISE MINISTRIES, INC.**

Principal Place of Business

1660 SOUTH LANE AVENUE, SUITE 3  
JACKSONVILLE FL 32210

Mailing Address

1660 SOUTH LANE AVENUE, SUITE 3  
JACKSONVILLE FL 32210



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/17/1996

4. FEI Number

59-3348159

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

9. Name and Address of Current Registered Agent

PRESSLEY, DONALD M SR.  
1660 SOUTH LANE AVENUE, SUITE 3  
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

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

TITLE CDP  
NAME PRESSLEY, DONALD M SR.  
STREET ADDRESS 1260 LORENTO ST  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D  
NAME PRESSLEY, DONALD SR.  
STREET ADDRESS 3760 CHEROKEE VILLA LANE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD  
NAME PRESSLEY, LINDA M  
STREET ADDRESS 1260 LORENTO ST.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD  
NAME KEYE, JOSIE  
STREET ADDRESS 2244 COURTEY DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D  
NAME PRESSLEY, BELINDA J  
STREET ADDRESS 1260 LORENTO ST  
CITY-ST-ZIP JACKSONVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME RONALD PRESSLEY, SR.  
2.3 STREET ADDRESS 3760 CHEROKEE VILLA LANE  
2.4 CITY-ST-ZIP JACKSONVILLE, FLORIDA

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Edward Donald Pressley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

(904) 326-8384

Date

Daytime Phone #

CR2E037 (11/98)