

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90350 016 \*\*\*\*70.00

<b>DOCUMENT # N96000000333</b>					
<b>1. Entity Name</b> VICTORY TABERNACLE OF PRAISE MINISTRIES, INC.					
<b>Principal Place of Business</b> 9378 ARLINGTON EXPWY #312 JACKSONVILLE, FL 32210			<b>Mailing Address</b> 9378 ARLINGTON EXPWY #312 JACKSONVILLE, FL 32210		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3348159	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  PRESSLEY, DONALD M SR. 1660 SOUTH LANE AVENUE, SUITE #5 JACKSONVILLE, FL 32210			<b>7. Name and Address of New Registered Agent</b>  Name: PRESSLEY, DONALD M., SR. Street Address (P.O. Box Number is Not Acceptable)  1212 JOSEPH STREET City: JACKSONVILLE, FL Zip Code: 32206-4009		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	CDP PRESSLEY, DONALD M SR. 1260 LORENTO ST JACKSONVILLE, FL <input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD RBNEC PRESSLEY 6304 EASTWOOD LANE JACKSONVILLE, FL 32211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD KEYE, JOSIE 2244 COURTEY DRIVE JACKSONVILLE, FL <input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PRO DONNA A. PRESSLEY-APT #6 7308 TERRY PARKER SCHOOL ROAD JACKSONVILLE, FL 32211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D PRESSLEY, BELINDA J 1260 LORENTO ST JACKSONVILLE, FL <input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D MINISTER ELDON V. JONES 909 PARK FORREST LANE JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D DEACON RONALD PRESSLEY, JR. 6304 EASTWOOD LANE JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	ATD and PRO NICOLE JONES 909 PARK FORREST LANE JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. 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 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.</b>					
<b>SIGNATURE:</b> <u>Donald M. Pressley, SR.</u> <u>April 27, 2004</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					