2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # N96000000566

1. Entity Name
VICTORY CHAPEL CHRISTIAN FELLOWSHIP CHURCH, INC.

Principal Place of Business	Mailing Address
7830 NORMANDY BLVD. JACKSONVILLE, FL 32221	7830 NORMANDY BLVD. JACKSONVILLE, FL 32221

DO NOT WRITE IN THIS SPACE

04112007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2985232
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MEYER, RON
7830 NORMANDY BLVD.
JACKSONVILLE, FL 32221

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MEYER, RON
STREET ADDRESS	7830 NORMANDY BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	VD
NAME	CAMPBELL, JOE
STREET ADDRESS	1318 W MACAN DR.
CITY-ST-ZIP	CHANDLER, AZ 85248
TITLE	TD
NAME	MEYER, BRIDGET
STREET ADDRESS	2733 SCULLY RD.
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	S
NAME	STADTMILLER, DAVID
STREET ADDRESS	145 LESTER DRIVE
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/07-80033-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: _____ April 12, 2007 9047813309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #