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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham , Secretary of State DIVISION OF CORFORATIONS

1997

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DOCUMENT # N9600000908

Victory Temple

FILED

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SECRETARY OF STATE

ויי	District Confe			TALLA	HASSEE, FLORIDA
Principal Plac	e of Business	Mailing Address			
Rev. Otha Anderson				f - 1	
	rk Road				
Hallandale, Florida 33009				2 Data Incorporated as Qualified	90 Date of Leal Person
Victory Temple The Church Of God In			n Christ	3. Date incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address	· ·	4. FEI Number	XX Applied For
21		26		ļ	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Continued of States posited	Fee Required
City & State	0	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28 Zip	Country	This corporation has liability for	
24	25	29 3	- , '		Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
81 Name Rev. Otha Anderson					
mistake in the beginning.					
9			[83]	1/01 1/10/02/111/17.	/9701089005 [
:			84 City	THE ***	61.25 65 20 20 20
			<u> </u>	1011ywood	FL 33009
11. Parsuant 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 (NOTE Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	Minister	□ DELETE	1.1 TITLE	Reverend "D"	CERS AND DIRECTORS IN 12 Change X Addition
NAME	Winston Reynolds	3	1.2 NAME	Otha Anderson 197	
STREET ADDRESS			1.3 STREET ASORESS		AWAME FIA 33009 Channe KVaddin
CITY-ST-ZIP			1.4 CITY-ST-ZIP	Hollywood, Florida	33009 33009 2
TITLE	Deacon	X) DELETE	21 TITLE	Secretary " D"	Change K.K Addition
NAME	Willie Alexander		2.2 NAME	Elnora Reynolds	
STREET ADDRESS			2.3 STREET ADDRESS	2215 N.W. 101 Stre	e±
CITY-ST-ZIP		DELETÉ	2. 4 CITY-ST-ZIP 3.1 TITLE	Miami, Florida 331	Change *AAddition
TITLE NAME			3.1 MILE 3.2 NAMÉ	Deacon "D"	
STREET ADDRESS			3.3 STREET ADDRESS	Kenny Stanley 3450 N.W. 203 Lane	} .
CITY-ST-ZIP			3 4. CITY - ST - ZIP	Miami. Florida 330	56
TITLE		DELETE	41 TITLE	Mother of the Churc	Change XX Addition
NAME			4. 2 NAME	Moomi Joan Didli	on "p"
STREET ADDRESS			4.3 STREET ADDRESS	Naomi Jean-Phillip 1240 N.W. 59th Stre	
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
T/TLE		DELETE	5.1 TITLE	Miami, Florida 3314	, - ,
NAME			5.2 NAME	Officer Occoods:	8417801
STREET ADDRESS		•	5 3 STREET ADDRESS	Officer Ondone Alfreda Rivers -11/07/ 1027 NW 95 Street*A	/9701089006
CITY-ST-ZIP		- Drutte		102/ NW 95 Street#網班網	Mama Francisco
TITLE .		DELETE	6.1 TITLE	Officer	Change XX Addition
NAME			6.2 NAME	Janet Anderson	(\lambda)\)
STREET ADDRESS			6.3 STREET ADDRESS	Hallandale, Florid	23000 (MAK)
14. I do herek	ov certify that the information supplied y	with this filing does not qualify f	6.4 City-St-ZiP or the exemption s	tated in Section 119.07(3)(i), Florida Statutes	s. 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.					
PIGNATURE, DE 1 PARE, POR DELLA SE AUTO					
SIGNATURE: SIGNATURE AND LYPPE OF HAMTED NAME OF SIGNING OFFICER OR DIRECTOR BIOLOGY OF SIGNING Prome					
			_ ··•		.,