

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000000908 1. Corporation Name VICTORY Temple		FILED 97 NOV -6 PM 2: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Rev. Otha Anderson 1970 Park Road Hallandale, Florida 33009 Victory Temple The Church Of God In Christ Jesus		Mailing Address	
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	
24		25 29 30	
9. Name and Address of Current Registered Agent The deleted Agent was added on by mistake in the beginning.		10. Name and Address of New Registered Agent 81 Name Rev. Otha Anderson 82 Street Address (P.O. Box Number is Not Acceptable) 1970 Park Road 83 City Hallandale 84 State FL 33009	
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: <i>Rev. Otha Anderson</i> DATE: 8/24/97			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Minister NAME Winston Reynolds STREET ADDRESS CITY-ST-ZIP		1.1 TITLE Reverend "D" 1.2 NAME Otha Anderson 1.3 STREET ADDRESS 1970 Park Road 1.4 CITY-ST-ZIP Hallandale Fla 33009	
TITLE Deacon NAME Willie Alexander STREET ADDRESS CITY-ST-ZIP		2.1 TITLE Secretary "D" 2.2 NAME Elnora Reynolds 2.3 STREET ADDRESS 2215 N.W. 101 Street 2.4 CITY-ST-ZIP Miami, Florida 33147	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE Deacon "D" 3.2 NAME Kenny Stanley 3.3 STREET ADDRESS 3450 N.W. 203 Lane 3.4 CITY-ST-ZIP Miami, Florida 33056	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE Mother of the Church "D" 4.2 NAME Naomi Jean-Phillip 4.3 STREET ADDRESS 1240 N.W. 59th Street 4.4 CITY-ST-ZIP Miami, Florida 33142	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE Officer 5.2 NAME Alfreda Rivers 5.3 STREET ADDRESS 1027 NW 95 Street 5.4 CITY-ST-ZIP Miami, Florida 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE Officer 6.2 NAME Janet Anderson 6.3 STREET ADDRESS 1970 S. Park Road 6.4 CITY-ST-ZIP Hallandale, Florida 33009	
14. I do 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 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: <i>Rev. Otha Anderson</i> DATE: 8/24/97 964-985 8479			

CR2E037 (9/96)