SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

2. Principal Place of Business

LINDSEY, WILLIAM R

NAPLES FL 33999

5270 8TH AVENUE, SW

Sulte, Apt. #, etc.

City & State

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23

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1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600001024 (6)

VICTORY WORLD HARVEST CHURCH, INC.

Country

9. Name and Address of Current Registered Agent

Principal Place of Business	Mailing Address	
5270 8TH AVENUE, SW	5270 8TH AVENUE, SW	
NAPLES FL 33999	NAPLES FL 33999	

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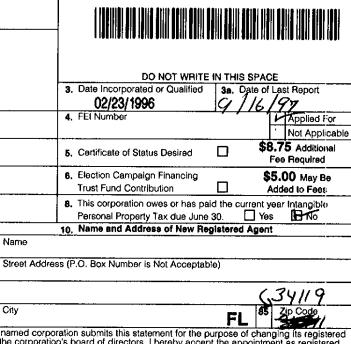
Mailing Address

Suite, Apt. #, etc.

City & State

Zip

FILED
Sep 18 1997 8:00am
Secretary of State



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 WILLIAM R LINDS EY Prec. WMR Linds ey 9/16/97										
Signature, typed or printed name of registered agent and tills it applicable. (NOTE: Registered Agent signature required when helpstating) DATE										
12.	OFFICERS AND D		13.	ADDITIONS/CHANG	ES TO OFFICERS AN	D DIRECTOR	S IN 12			
TITLE	PD	DELETE	1.1 TITLE			☐ Change	Addition			
NAME	LINDSEY, WILLIAM R		1.2 NAME							
STREET ADDRESS	5270 8TH AVENUE, SW		1.3 STREET ADDRESS							
CITY-ST-ZIP	NAPLES FL 33999		1.4 CITY-ST-ZIP							
TITLE	VD	DELETE	2.1 TITLE			☐ Change	Addition			
NAME	LINDSEY, JENNIFER		22 NAME							
STREET ADDRESS	5270 8TH AVENUE, SW		2.3 STREET ADDRESS							
CITY-ST-ZIP	NAPLES FL 33999		2. 4 CITY-ST-ZIP							
TITLE	STD	☐ DELETE	3.1 TITLE			☐ Change	Addition			
NAME	LINDSEY, ANDREW \$		3.2 NAME							
STREET ADDRESS	5270 8TH AVENUE, SW		3.3 STREET ADDRESS							
CITY-ST-ZIP	NAPLES FL 33999		3.4. CITY-ST-ZIP							
TITLE		☐ DELETE	4.1 TITLE			Change	. Addition			
NAME			4. 2 NAME]			
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE			Change	Addition			
NAME			5.2 NAME		\$					
STREET ADDRESS			5.3 STREET ADDRESS							
ÇITY-ST-ZIP			5.4 CiTY+ST-ZIP							
TITLE		DELETE	6.1 TATLE			Change	Addition			
NAME		i į	6.2 NAME		•					
STREET ADDRESS			6.3 STREET ADDRESS							

Country

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84 City

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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.

6.4 CITY - ST - ZIP