

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90063 042 \*\*\*\*61.25

<b>DOCUMENT # N96000004628</b> 1. Entity Name <b>TRI-COUNTY VICTORY CHRISTIAN FELLOWSHIP, INC.</b>					
Principal Place of Business <b>418 HWY 17 S. SAN MATEO FL 32187 US</b>			Mailing Address <b>P. O. BOX 741 EAST PALATKA FL 32131</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3397381</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>TOLSON, JOHN F JR 462 KINGSLEY AVE., STE 101 ORANGE PARK FL 32073</b>				Name <b>HELEN TIPPETT</b> Street Address (P.O. Box Number is Not Acceptable) <b>125 Cypress Dr.</b> City <b>E Palatka</b> <b>FL</b> Zip Code <b>32131</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. SIGNATURE <b>HELEN TIPPETT, Secty.</b> <i>Helen Tippett, Secty.</i> <b>3-14-05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2005</b>		9. Election Campaign Financing 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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input type="checkbox"/> Delete <b>TIPPETT, BENTON M</b> <b>125 CYPRESS DRIVE</b> <b>E. PALATKA FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input type="checkbox"/> Delete <b>ANDERSON, MIKE</b> <b>6003 -4TH MANOR E</b> <b>PALATKA FL 32177</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VD</b> <b>Walker, Michael</b> <b>238 Trout Trail</b> <b>Crescent City, FL 32112</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <input type="checkbox"/> Delete <b>TIPPETT, HELEN</b> <b>125 CYPRESS DRIVE</b> <b>EAST PALATKA FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>BRYAN, CHESTER</b> <b>207 RIVER DRIVE</b> <b>EAST PALATKA FL 32131</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>JACKSON, GEORGE</b> <b>PO BOX 647</b> <b>SATSUMA FL 32189</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Trustee</b> <b>Ramsey, Michael</b> <b>1406 High Street</b> <b>Palatka, FL 32177</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete  		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  	
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>SIGNATURE: <i>Benton M. Tippett</i> BENTON M. Tippett Pres. 3-21-05 386-325-3282</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					