

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90019 044 \*\*\*\*61.25

**DOCUMENT # N96000004628**

1. Entity Name

TRI-COUNTY VICTORY CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business

418 HWY 17 S.  
SAN MATEO FL 32187  
US

Mailing Address

P. O. BOX 741  
EAST PALATKA FL 32131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3397381

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TIPPETT, HELEN  
125 CYPRESS DR  
EAST PALATKA FL 32131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TIPPETT, BENTON M	
STREET ADDRESS	125 CYPRESS DRIVE	
CITY-ST-ZIP	E. PALATKA FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, MIKE	
STREET ADDRESS	238 TROUT TRAIL	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	TIPPETT, HELEN	
STREET ADDRESS	125 CYPRESS DRIVE	
CITY-ST-ZIP	EAST PALATKA FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BRYAN, CHESTER	
STREET ADDRESS	207 RIVER DRIVE	
CITY-ST-ZIP	EAST PALATKA FL 32131	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAMSEY, MICHEAL	
STREET ADDRESS	1406 HIGH ST	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian Oswald	
STREET ADDRESS	107 BROWNS RD	
CITY-ST-ZIP	San Mateo, FL 32187	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benton Tippet	
STREET ADDRESS	125 Cypress Dr.	
CITY-ST-ZIP	E. Palatka, FL 32131	
TITLE	<del>STD</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	← Same	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREG DOWDY	
STREET ADDRESS	540 Highway 17 So.	
CITY-ST-ZIP	San Mateo, FL 32187	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	← Same	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Benton M. Tippet, V.P.*

3/11/06 386-325-3282