
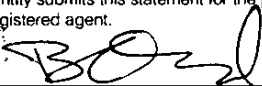
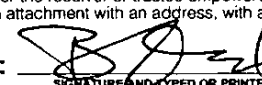


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90058 036 ****70.00

DOCUMENT # N96000004628					
1. Entity Name TRI-COUNTY VICTORY CHRISTIAN FELLOWSHIP, INC.					
Principal Place of Business 418 HWY 17 S. EAST PALATKA, FL 32131 US			Mailing Address P. O. BOX 741 EAST PALATKA, FL 32131		
2. Principal Place of Business - No P.O. Box # 418 Hwy 17 S.			3. Mailing Address PO Box 1102		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State East Palatka FL		City & State San Mateo FL		4. FEI Number 59-3397381	
Zip 32131		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32187		Country USA		01052008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OSWALD, BRIAN 107 WINDMILL CT SATSUMA, FL 32189				Name Brian Oswald	
				Street Address (P.O. Box Number is Not Acceptable)	
				1406 High St	
				City Palatka FL Zip Code 32177	
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  Brian Oswald 1/5/08					
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	OSWALD, BRIAN				
STREET ADDRESS	107 WINDMILL CT				
CITY-ST-ZIP	SATSUMA, FL 32189				
TITLE	VD	<input checked="" type="checkbox"/> Delete			
NAME	TIPPETT, BENTON				
STREET ADDRESS	125 CYPRESS DR				
CITY-ST-ZIP	EAST PALATKA, FL 32131				
TITLE	STD	<input type="checkbox"/> Delete			
NAME	WILSON, EVELINA				
STREET ADDRESS	P O BOX 54				
CITY-ST-ZIP	WELAKA, FL 32193				
TITLE	T	<input type="checkbox"/> Delete			
NAME	DOWDY, GREG				
STREET ADDRESS	540 HIGHWAY 17 SOUTH				
CITY-ST-ZIP	SAN MATEO, FL 32187				
TITLE	T	<input type="checkbox"/> Delete			
NAME	BRYAN, CECIL				
STREET ADDRESS	207 RIVER DR				
CITY-ST-ZIP	EAST PALATKA, FL 32187				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Jason Carter				
STREET ADDRESS	110 Alder Lane				
CITY-ST-ZIP	Satsuma FL 32189				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	T Mike Walker				
STREET ADDRESS	238 Trout Trail				
CITY-ST-ZIP	Crescent City FL 32112				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  Brian Oswald PD 1/5/08 386/937-8160					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					