

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004628

FILED
Jan 17, 2009
Secretary of State

Entity Name: TRI-COUNTY VICTORY CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business:

418 HWY 17 S
EAST PALATKA, FL 32131 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1102
SAN MATEO, FL 32187

New Mailing Address:

FEI Number: 59-3397381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OSWALD, BRIAN
1406 HIGH ST
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OSWALD, BRIAN
Address: 107 WINDMILL CT
City-St-Zip: SATSUMA, FL 32189

Title: VD () Delete
Name: CARTER, JASON
Address: 110 ALDER LN
City-St-Zip: SATSUMA, FL 32189

Title: STD () Delete
Name: WILSON, EVELINA
Address: P O BOX 54
City-St-Zip: WELAKA, FL 32193

Title: T () Delete
Name: DOWDY, GREG
Address: 540 HIGHWAY 17 SOUTH
City-St-Zip: SAN MATEO, FL 32187

Title: T () Delete
Name: BRYAN, CECIL
Address: 207 RIVER DR
City-St-Zip: EAST PALATKA, FL 32187

Title: T () Delete
Name: WALKER, MIKE
Address: 238 TROUT TRL
City-St-Zip: CRESCENT CITY, FL 32112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OSWALD, BRIAN
Address: 1406 HIGH ST
City-St-Zip: PALATKA, FL 32177

Title: VD (X) Change () Addition
Name: CARTER, JASON
Address: P O BOX 1102
City-St-Zip: SAN MATEO, FL 32187

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: PERRY, JEFF
Address: 238 SILVER LAKE RD
City-St-Zip: PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN OSWALD

PD

01/17/2009

Electronic Signature of Signing Officer or Director

Date