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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005426 (9)

1. Corporation Name

VICTORY BAPTIST CHURCH OF ST. PETERSBURG, INC.

Principal Place of Business

Mailing Address

6240 - 39TH STREET NORTH
PINELLAS PARK FL 33781

6240 - 39TH STREET NORTH
PINELLAS PARK FL 33781

3. Date Incorporated or Qualified

10/21/1996

4. FEI Number

59-3410239

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELLS, F M JR
4911 PARK STREET NORTH
ST. PETERSBURG FL 33700

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME D MCCHESENEY, WARREN

1.2 NAME

STREET ADDRESS 4851 1ST NE

1.3 STREET ADDRESS

CITY-ST-ZIP ST PETERSBURG FL

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME D WILSON, ROBERT

2.2 NAME

STREET ADDRESS 2101 MONTANA ST

2.3 STREET ADDRESS

CITY-ST-ZIP ST PETERSBURG FL

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME D LIGHTFIELD, EUGENE

3.2 NAME

STREET ADDRESS 4895 BAY ST #216

3.3 STREET ADDRESS

CITY-ST-ZIP ST PETERSBURG FL

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME D VITCO, STEPHEN

4.2 NAME

STREET ADDRESS 7120 ORPINE

4.3 STREET ADDRESS

CITY-ST-ZIP ST PETERSBURG FL

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME T CRANE, DAVID

5.2 NAME

STREET ADDRESS 4885 88TH AVE N

5.3 STREET ADDRESS

CITY-ST-ZIP PINELLAS PARK FL

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME T JENKINS, JAMES

6.2 NAME

STREET ADDRESS 970-85TH AVE N #213

6.3 STREET ADDRESS

CITY-ST-ZIP ST PETERSBURG FL

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

14. 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Designation

CR2E037 (10/97)