


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northing</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003101

1. Corporation Name

FAITH VICTORY FELLOWSHIP

Principal Place of Business <b>5701 N. Stewart St. Milton, Florida 32570</b>	Mailing Address <b>Fred E. Lane 5511 Cottonwood Dr. Milton, Florida 32570</b>
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3. Date Incorporated or Qualified

05/27/97

4. FEI Number

59-3449833

Applied For

Not Applicable

<b>21</b> Principal Place of Business Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a.</b> Mailing Address Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☐ No N/A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Fred E. Lane  
5511 Cottonwood Dr.  
Milton, Florida 32570**

**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	
<b>TITLE</b> <b>D</b> <b>President</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>Fred E. Lane</b> <b>STREET ADDRESS</b> <b>5511 Cottonwood Dr.</b> <b>CITY-ST-ZIP</b> <b>Milton, Florida 32570</b>	<b>1.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>	<b>2.1 TITLE</b> <b>D</b> <b>Vice-President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2.2 NAME</b> <b>Danny Carnley</b> <b>2.3 STREET ADDRESS</b> <b>5724 Bronco Pl.</b> <b>2.4 CITY-ST-ZIP</b> <b>Milton, Florida 32570</b>	<b>3.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>
<b>TITLE</b> <input checked="" type="checkbox"/> DELETE <b>NAME</b> <b>Geraldine C. Peel</b> <b>STREET ADDRESS</b> <b>Route 6 Box 350</b> <b>CITY-ST-ZIP</b> <b>Milton, Florida 32570</b>	<b>4.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>	<b>5.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	<b>6.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>Dean Lane</b> <b>STREET ADDRESS</b> <b>5511 Cottonwood Dr.</b> <b>CITY-ST-ZIP</b> <b>Milton, Florida 32570</b>	<b>7.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>7.2 NAME</b> <b>7.3 STREET ADDRESS</b> <b>7.4 CITY-ST-ZIP</b>	<b>8.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>8.2 NAME</b> <b>8.3 STREET ADDRESS</b> <b>8.4 CITY-ST-ZIP</b>	<b>9.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>9.2 NAME</b> <b>9.3 STREET ADDRESS</b> <b>9.4 CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>10.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>10.2 NAME</b> <b>10.3 STREET ADDRESS</b> <b>10.4 CITY-ST-ZIP</b>	<b>11.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>11.2 NAME</b> <b>11.3 STREET ADDRESS</b> <b>11.4 CITY-ST-ZIP</b>	<b>12.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>12.2 NAME</b> <b>12.3 STREET ADDRESS</b> <b>12.4 CITY-ST-ZIP</b>

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 on an attachment with an address.

SIGNATURE: **Fred E. Lane**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/98

(850)983-8539

Date Daytime Phone #

CR2E037 (10/97)