

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000003101

1. Entity Name
FAITH VICTORY FELLOWSHIP CHURCH, INC.



FILED

04 JAN 22 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5573 STEWART ST.
MILTON, FL 32570 US

Mailing Address
C/O FRED LANE
5511 COTTONWOOD DR.
MILTON, FL 32570



2. Principal Place of Business
8999 INDIAN FORD RD.
Suite, Apt. #, etc.

3. Mailing Address
C/O JAMES D. CARNLEY
Suite, Apt. #, etc.
5724 BRONCO PL

01132004 Chg-NP CR2E037 (10/03)

City & State
MILTON FL

City & State
MILTON FL

4. FEI Number
59-3449833

Applied For
Not Applicable

Zip Country
32570 US

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32570 US

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANE, FRED
5511 COTTONWOOD DR.
MILTON, FL 32570-8390

7. Name and Address of New Registered Agent

Name
JAMES D. CARNLEY
Street Address (P.O. Box Number is Not Acceptable)
5724 BRONCO PL
City
MILTON FL Zip Code
32570

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 James D. Carnley JAMES D. CARNLEY PRESIDENT/PASTOR 1/13/04
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

Filing Fee is \$61.25
Due by May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	DP LANE, FRED 5511 COTTONWOOD DR. MILTON, FL 32570 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CARNLEY, DANNY 5724 BRONCO PL. MILTON, FL 32570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LANE, DEAN 5511 COTTONWOOD DR. MILTON, FL 32570 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CARNLEY, CONNI 5724 BRONCO PL MILTON, FL 32570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JAMES D. CARNLEY 5724 BRONCO PL. MILTON FL 32570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D DONALD WOLF 11335 MUNSON HWY. MILTON FL 32570 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D CONNI L. CARNLEY 5724 BRONCO PL. MILTON, FL 32570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400027491474 01/23/04--01016--017 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: James D. Carnley JAMES D. CARNLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/04

850-626-4242

Date

Daytime Phone #