

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90217 035 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000003422**

1. Corporation Name  
**VICTORY CHAPEL CHRISTIAN FELLOWSHIP MINISTRIES I NC.**

Principal Place of Business 501 116TH AVE. N. APT. 221 ST. PETERSBURG FL 33716	Mailing Address P.O. BOX 21453 ST. PETERSBURG FL 33742-1453
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date incorporated or Qualified <b>06/12/1997</b>	4. FEI Number <b>59-3452916</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent <b>CAZEAU, ANTHONY R</b> 501 116TH AVE. N., APT. 221 ST. PETERSBURG FL 33716	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CAZEAU, ANTHONY</b>		1.2 NAME	
STREET ADDRESS <b>501 116TH AVENUE N APT 221</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>ST PETE FL 33716</b>		1.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CAZEAU, LUZ</b>		2.2 NAME	
STREET ADDRESS <b>501 116TH AVENUE NORTH APT 221</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>ST PETE FL 33716</b>		2.4 CITY-ST-ZIP	
TITLE <b>CD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>UIRDEN, DAVIE</b>		3.2 NAME <i>Ada Davis</i>	
STREET ADDRESS <b>501 116TH AVENUE N 262</b>		3.3 STREET ADDRESS <i>444 84th Ave. N. #3</i>	
CITY-ST-ZIP <b>ST PETE FL 33716</b>		3.4 CITY-ST-ZIP <i>St Petersburg, FL. 33702</i>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Anthony R. Cazeau* RE *Anthony Cazeau* 5/1/99 (727) 579-8122  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)