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Jun 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003848 (5)**

1. Corporation Name

**VICTORY CHRISTIAN FELLOWSHIP, INC.**

Principal Place of Business

Mailing Address

**1047 COBBLESTONE AVE  
DELTONA FL 32725**

**1047 COBBLESTONE AVE  
DELTONA FL 32725**



3. Date Incorporated or Qualified

**07/07/1997**

4. FEI Number

**59-3457578**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** **P.O. Box 5896**  
Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** **DELTONA, FL**

**29** **32728**

**30** **USA**

9. Name and Address of Current Registered Agent

**BERRIOS, PEDRO  
1047 COBBLESTONE AVE  
DELTONA FL 32725**

10. Name and Address of New Registered Agent

**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

TITLE **D** ☐ DELETE

NAME **BERRIOS, PEDRO**  
STREET ADDRESS **1047 COBBLESTONE AVE**  
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **D** ☒ DELETE

NAME **PATERNITI, EDWARD D**  
STREET ADDRESS **555 W GRANADA BLVD, SUITE C10**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **D** ☒ DELETE

NAME **MENKE, DAVID A**  
STREET ADDRESS **980 FT SMITH BLVD**  
CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **SECRETARY** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **TREASURER** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 in an attachment with an address.

SIGNATURE

*[Signature]*

*Pedro R. Berrios*

*5-1-98*

*497-474-2910*

CR2E037 (1097)