

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000003974

1. Entity Name

VICTORY CHRISTIAN CENTER OF LAKE BUTLER, FL,
INC.



Principal Place of Business

705 SW 6TH STREET
LAKE BUTLER, FL 32054 US

Mailing Address

P. O. BOX 363
LAKE BUTLER, FL 32054 US



02222005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3457092

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAXWELL, PATRICK
190 SW 7TH AVENUE
LAKE BUTLER, FL 32054

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MAXWELL, PATRICK
STREET ADDRESS 190 SW 7TH AVENUE
CITY-ST-ZIP LAKE BUTLER, FL 32054

TITLE SD
NAME LITTLE, ELLA
STREET ADDRESS 890 SW 1 WAY
CITY-ST-ZIP LAKE BUTLER, FL 32054

TITLE TAD
NAME MAXWELL, PERGINA
STREET ADDRESS 190 SW 7TH AVE
CITY-ST-ZIP LAKE BUTLER, FL 32054

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick Maxwell

Date

2/26/05 (386) 496-1355

Daytime Phone #