


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000003974 1. Entity Name VICTORY CHRISTIAN CENTER OF LAKE BUTLER, FL, INC.	
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Principal Place of Business 705 SW 6TH STREET LAKE BUTLER, FL 32054 US	Mailing Address P. O. BOX 363 LAKE BUTLER, FL 32054 US
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03232006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3457092	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MAXWELL, PATRICK 190 SW 7TH AVENUE LAKE BUTLER, FL 32054
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD MAXWELL, PATRICK 190 SW 7TH AVENUE LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD LITTLE, ELLA 890 SW 1 WAY LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TAD MAXWELL, PERGINA 190 SW 7TH AVE LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	

04/12/06 00058-003 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Patrick Maxwell **3/27/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #