

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 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**



02062007 No Chg-NP CR2E037 (4/06)

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000641767
03/01/07-80013-009 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick Maxwell

2/15/07 (352)318-2575

Date

Daytime Phone #