2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007
Secretary of State

DOCUMENT# N98000000885

Entity Name: QUINCY COMMUNITY VICTORY CHURCH OF GOD INCORPORATED

Current Principal Place of Business:

507 WEST CRAWFORD ST
QUINCY, FL 32353

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 945
QUINCY, FL 32353

New Mailing Address:

FEI Number: 59-3222818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, BARBARA
373 E JEFFERSON STREET
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	DUBOSE, DENNIS	
Address:	PO BOX 945	
City-St-Zip:	QUINCY, FL 32353	
Title:	D	( ) Delete
Name:	PRUITT, MARTHA	
Address:	PO BOX 670	
City-St-Zip:	GRETNA, FL 32332	
Title:	D	( ) Delete
Name:	DUBOSE, ISABELLA	
Address:	PO BOX 945	
City-St-Zip:	QUINCY, FL 32351	
Title:	T	( ) Delete
Name:	BELL, LINDA	
Address:	RT 6 BOX 419K	
City-St-Zip:	QUINCY, FL 32351	
Title:	T	(X) Delete
Name:	DUBOSE, DIANE	
Address:	PO BOX 2013	
City-St-Zip:	QUINCY, FL 32351	
Title:	T	( ) Delete
Name:	PRICE, RUBY	
Address:	RT 7 BOX 4052	
City-St-Zip:	QUINCY, FL 32351	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABELLA DUBOSE D 07/09/2007

Electronic Signature of Signing Officer or Director — Date