


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000002849 1. Entity Name VICTORY TEMPLE FIRST BORN HOLINESS CHURCH, INC.		
Principal Place of Business 315 MARTIN LUTHER KING BLVD PORT ST. JOE FL 32456	Mailing Address P.O. BOX 507 PORT ST. JOE FL 32457	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip



1st MOORE CR2E037 (10/06)

4. FEI Number 59-3503083		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DANIELS, CORINE 303 AVENUE E PORT ST. JOE FL 32456	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Corine Daniels* *March 29, 2007*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete BROWN, JAMES	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	302 AVE F	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. JOE FL 32456	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete GATHERS, CHARLES	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	118 LIBERTY ST	STREET ADDRESS	U00000687090
CITY-ST-ZIP	PORT ST. JOE FL 32456	CITY-ST-ZIP	04/10/07-80027-006 61.25
TITLE	D <input type="checkbox"/> Delete BOLDEN, EDWARD L.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	309 AVE E	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. JOE FL 32456	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete TURNER, CORTHEA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	319 AVE B	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. JOE FL 32456	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete BOLDEN, DOROTHY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	309 AVE E	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. JOE FL 32456	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete DANIELS, CORINE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	303 AVE E	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. JOE FL 32456	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Edward Lee Bolden* *3/29/07 229-8652*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR