

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90024 041 ****61.25

DOCUMENT # N98000005853 ✓

1. Corporation Name

VICTORY PRAISE & WORSHIP CENTER, INC.

Principal Place of Business

128 MAIN STREET
BOWLING GREEN FL 33834

Mailing Address

128 MAIN STREET
BOWLING GREEN FL 33834



* 5 83855 3 8 51 5 *



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/14/1998

1 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

X 65-0872135

Applied For

Not Applicable

2 City & State

27 City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

3 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

4 Zip Country

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, WALTER M
128 MAIN STREET
BOWLING GREEN FL 33834

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD ☐ DELETE

NAME SMITH, WALTER M
STREET ADDRESS 128 MAIN STREET
CITY-ST-ZIP BOWLING GREEN FL 33834

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME SCONYERS, HUEY
STREET ADDRESS 3865 PEEPLES ROAD
CITY-ST-ZIP FT. MEADE FL 33841

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME KING, MARGARET
STREET ADDRESS 2415 TANGLEWOOD ST
CITY-ST-ZIP LAKELAND FL 33801-2702

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME EDWARDS, HERSEL
STREET ADDRESS 722 POLK ROAD
CITY-ST-ZIP WAUCHULA FL 33873

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Walter M. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)