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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000006009

1. Corporation Name

VICTORY BAPTIST CHURCH, INC. OF LAKE ALFRED, FLO RIDA

Principal Place of Business

Mailing Address

365 WEST TERR. AVE.
LAKE ALFRED FL 33850

% JAMES P. HAWKINS.P.O. BOX 564
LAKE ALFRED FL 33850-0564



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 P.O. BOX 564		10/21/1998	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 LAKE ALFED FL		59-3539361	
24 Zip		29 33850		30 USA	
25 Country		29 33850		30 USA	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
HAWKINS, JAMES P 365 WEST TERR. AVE. LAKE ALFRED FL 33850				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. Name and Address of New Registered Agent	
81 Name	RONNIE A PATTERSON
82 Street Address (P.O. Box Number is Not Acceptable)	220 S. NEKOMA AVE
83	220 S. NEKOMA AVE
84 City	LAKE ALFRED FL 85 Zip Code 33850

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 *Ronnie A Patterson* RONNIE A PATTERSON APRIL 9, 1999
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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, JAMES P	1.2 NAME	RONNIE A PATTERSON
STREET ADDRESS	202 TRADEWIND CT.	1.3 STREET ADDRESS	220 SOUTH NEKOMA AVE
CITY-ST-ZIP	WINTER HAVEN FL 33881	1.4 CITY-ST-ZIP	LAKE ALFRED FL 33850
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, FLORENCE A	2.2 NAME	REBA M COLLINS
STREET ADDRESS	202 TRADEWIND CT.	2.3 STREET ADDRESS	33 PROPECT AVE
CITY-ST-ZIP	WINTER HAVEN FL 33881	2.4 CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, BRUCE D	3.2 NAME	RUTH S PATTERSON
STREET ADDRESS	P.O. BOX 564	3.3 STREET ADDRESS	220 S NEKOMA AVE
CITY-ST-ZIP	LAKE ALFRED FL 33850	3.4 CITY-ST-ZIP	LAKE ALFRED FL 33850
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, MARY E	4.2 NAME	
STREET ADDRESS	P.O. BOX 564	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE ALFRED FL 33850	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Ronnie A Patterson* SIGNATURE REQUIRED RONNIE A PATTERSON APRIL 4, 1999 941-956-5183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)