

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000003061

1. Entity Name

VICTORY COMMUNITY CHRISTIAN CHURCH, INC.



Principal Place of Business

2915 HICKORY RIDGE DRIVE
LAKELAND, FL 33813

Mailing Address

P.O. BOX 92528
LAKELAND, FL 33804



01092004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3587695

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REESE, MELVIN
2915 HICKORY RIDGE DRIVE
LAKELAND, FL 33813

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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, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

U00000153005
05/04/04-80108-026 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REESE, MELVIN REV.
STREET ADDRESS	P.O. BOX 92528
CITY-ST-ZIP	LAKELAND, FL 33804
TITLE	VD
NAME	REESE, BETTY
STREET ADDRESS	P O BOX 92528
CITY-ST-ZIP	LAKELAND, FL 33804
TITLE	STD
NAME	CARSON, AL
STREET ADDRESS	932 N NEW YORK AVE
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Melvin Reese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04
Date

8636474158
Daytime Phone #