

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750254

**Entity Name:** VICTORY BAPTIST CHURCH OF INVERNESS, INC.**Current Principal Place of Business:**5040 SHADY ACRE DR.  
INVERNESS, FL 34453**Current Mailing Address:**P.O. BOX 973  
INVERNESS, FL 34451 US**FEI Number:** 80-0384157**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GROVES, JON L DR.  
5040 E SHADY ACRES DR  
INVERNESS, FL 34453 US*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:** JON L GROVES

03/05/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | TREASURER             |
| Name            | MCDONALD, PATRICIA S  |
| Address         | 5387 S SHADY ACRE DR. |
| City-State-Zip: | INVERNESS FL 34453    |

|                 |                          |
|-----------------|--------------------------|
| Title           | ASST. SECRETARY          |
| Name            | BOWEN, PEGGY             |
| Address         | 5416 N IRONSTONE TERRACE |
| City-State-Zip: | HERNANDO FL 34442        |

|                 |                   |
|-----------------|-------------------|
| Title           | TRUSTEE           |
| Name            | STILTS, WAYNE     |
| Address         | 2861 KENT POINT   |
| City-State-Zip: | HERNANDO FL 34442 |

|                 |                       |
|-----------------|-----------------------|
| Title           | PRESIDENT, PASTOR     |
| Name            | GROVES, JON L DR.     |
| Address         | 5040 E SHADY ACRES DR |
| City-State-Zip: | INVERNESS FL 34453    |

*I hereby 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 all other like empowered.*

**SIGNATURE:** DR JON L GROVES**PRESIDENT**

03/05/2024

Electronic Signature of Signing Officer/Director Detail

Date