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Entity Name: VICTORY TEMPLE MINISTRIES FAMILY LIFE CENTER INC.

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### Current Principal Place of Business:

908 S.E. WILLISTON RD GAINESVILLE, FL 32641

## **Current Mailing Address:**

P.O.BOX 358911 GAINESVILLE, FL 32635

# FEI Number: 59-2915340

# Name and Address of Current Registered Agent:

YOUNG, ELIZABETH L 4505 NW 51ST DR GAINESVILLE, FL 32606 US Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

### Officer/Director Detail :

Title	VP	Title	Р	
Name	YOUNG, ARIANA F	Name	YOUNG, ELIZABETH L	
Address	4505 NW 51ST DR	Address	POB 358506	
City-State-Zip:	GAINESVILLE FL 32606	City-State-Zip:	GAINESVILLE FL 32635	
Title	S	Title	TRUSTEE	
Name	STOKES, JOY B	Name	STOKES, JAMES	
Address	1918 S.E. 15TH AVENUE	Address	908 S.E. WILLISTON RD	
City-State-Zip:	GAINESVILLE FL 32641	City-State-Zip:	GAINESVILLE FL 32641	
Title	TRUSTEE	Title	TRUSTEE	
Title Name	TRUSTEE SHAHID, MUSHEERAH	Title Name	TRUSTEE AKINLOBA, MARY	
Name	SHAHID, MUSHEERAH	Name	AKINLOBA, MARY 908 S.E. WILLISTON RD	
Name Address City-State-Zip:	SHAHID, MUSHEERAH 908 S.E. WILLISTON RD GAINESVILLE FL 32641	Name Address	AKINLOBA, MARY 908 S.E. WILLISTON RD	
Name Address	SHAHID, MUSHEERAH 908 S.E. WILLISTON RD GAINESVILLE FL 32641 TRUSTEE	Name Address City-State-Zip:	AKINLOBA, MARY 908 S.E. WILLISTON RD GAINESVILLE FL 32641	
Name Address City-State-Zip: Title	SHAHID, MUSHEERAH 908 S.E. WILLISTON RD GAINESVILLE FL 32641	Name Address City-State-Zip: Title	AKINLOBA, MARY 908 S.E. WILLISTON RD GAINESVILLE FL 32641 TRUSTEE	
Name Address City-State-Zip: Title Name	SHAHID, MUSHEERAH 908 S.E. WILLISTON RD GAINESVILLE FL 32641 TRUSTEE DAVIS, ELIJAH	Name Address City-State-Zip: Title Name	AKINLOBA, MARY 908 S.E. WILLISTON RD GAINESVILLE FL 32641 TRUSTEE YOUNG, AUSTIN 908 S.E. WILLISTON RD	

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: ELIZABETH L. YOUNG

PRESIDENT

05/30/2016

Date

Electronic Signature of Signing Officer/Director Detail

Date