

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005911

FILED
Mar 06, 2017
Secretary of State
CC6131949411

Entity Name: VICTORY TEMPLE MINISTRIES FAMILY LIFE CENTER INC.

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

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YOUNG, ELIZABETH L
4505 NW 51ST DR
GAINESVILLE, FL 32606 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name YOUNG, ARIANA F
Address 4505 NW 51ST DR
City-State-Zip: GAINESVILLE FL 32606

Title P
Name YOUNG, ELIZABETH L
Address POB 358506
City-State-Zip: GAINESVILLE FL 32635

Title S
Name STOKES, JOY B
Address 1918 S.E. 15TH AVENUE
City-State-Zip: GAINESVILLE FL 32641

Title TRUSTEE
Name STOKES, JAMES
Address 908 S.E. WILLISTON RD
City-State-Zip: GAINESVILLE FL 32641

Title TRUSTEE
Name SHAHID, MUSHEERAH
Address 908 S.E. WILLISTON RD
City-State-Zip: GAINESVILLE FL 32641

Title TRUSTEE
Name AKINLOBA, MARY
Address 908 S.E. WILLISTON RD
City-State-Zip: GAINESVILLE FL 32641

Title TRUSTEE
Name DAVIS, ELIJAH
Address 908 S.E. WILLISTON RD
City-State-Zip: GAINESVILLE FL 32641

Title TRUSTEE
Name YOUNG, AUSTIN
Address 908 S.E. WILLISTON RD
City-State-Zip: GAINESVILLE FL 32641

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 LASHON YOUNG

PRESIDENT

03/06/2017

Electronic Signature of Signing Officer/Director Detail

Date