

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90090 036 ****61.25

DOCUMENT # N41932
 1. Entity Name
VICTORY CHRISTIAN CENTER OF BROWARD COUNTY, INC.



Principal Place of Business: **7832 DAVIE RD EXT DAVIE FL 33024 US**
 Mailing Address: **8410 SOUTHWEST 26TH PLACE DAVIE FL 33328**

20020563



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: **222 N. FEDERAL HWY # D # D**
 Suite, Apt. #, etc.: **# D**
 City & State: **DAVIE BEACH FL**
 Zip: **33004** Country: **US**

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: **65-0242632** Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MOBLEY, BOBBY R.
8410 SOUTHWEST 26TH PLACE
DAVIE FL 33328

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: MOBLEY, BOBBY R. STREET ADDRESS: 8410 S.W. 26TH PLACE CITY-ST-ZIP: DAVIE FL	<input type="checkbox"/> Delete
TITLE: DT NAME: MARTINEZ, SIXTO STREET ADDRESS: 8410 SW 26TH PLACE CITY-ST-ZIP: DAVIE FL	<input type="checkbox"/> Delete
TITLE: D NAME: SMALLING, ANDREW STREET ADDRESS: 8410 SW 26TH PLACE CITY-ST-ZIP: DAVIE FL	<input checked="" type="checkbox"/> Delete
TITLE: SD NAME: TURNER, CANDICE STREET ADDRESS: 8410 SW 26 PLACE CITY-ST-ZIP: DAVIE FL	<input type="checkbox"/> Delete
TITLE: D NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: JOSEPH CLYDE STREET ADDRESS: 8410 S.W. 26TH PLACE CITY-ST-ZIP: DAVIE FL 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Sixto Martinez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: **954-559-5303**