

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 14, 2010
Secretary of State**

DOCUMENT# N41932

Entity Name: VICTORY CHRISTIAN CENTER OF BROWARD COUNTY, INC.**Current Principal Place of Business:**5450 S. ST RD 7
1
DAVIE, FL 33314 US**New Principal Place of Business:**5450 S. ST RD 7
3
DAVIE, FL 33314 US**Current Mailing Address:**5450 S. ST RD 7
1
DAVIE, FL 33314 US**New Mailing Address:**5450 S. ST RD 7
3
DAVIE, FL 33314 US**FEI Number:** 65-0242632**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**STEVE AND ELENA WOODARD
5450 S. ST RD 7
1
DAVIE, FL 33314 US**Name and Address of New Registered Agent:**STEVE AND ELENA WOODARD
5450 S. ST RD 7
3
DAVIE, FL 33314 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: SW

07/14/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD
Name: WOODARD, STEVE
Address: 6633 SW 49TH CT
City-St-Zip: DAVIE, FL 33314Title: DT
Name: ACOCELLA, JEFFREY
Address: 18410 NW 56 AVE
City-St-Zip: MIAMI GARDENS, FL 33055Title: D
Name: WOODARD, ELENA
Address: 6633 S.W. 49CT
City-St-Zip: DAVIE, FL 33314Title: SD
Name: TALMADGE, JUSTIN
Address: 1556 JEFFERSON ST
City-St-Zip: HOLLYWOOD, FL 33020

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: SW

PD

07/14/2010

Electronic Signature of Signing Officer or Director

Date