

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 13, 2009  
Secretary of State**

DOCUMENT# N46665

Entity Name: VICTORY WORSHIP CENTER OF SOUTH FLORIDA INC.

**Current Principal Place of Business:**

1915 NO. 'A' STREET  
LAKE WORTH, FL 33460 US

**New Principal Place of Business:**

**Current Mailing Address:**

1915 NO. 'A' STREET  
LAKE WORTH, FL 33460 US

**New Mailing Address:**

FEI Number: 65-0307867      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COLBY, SHERRY  
1861 FINN HILL DRIVE  
LANTANA, FL 33462 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COLBY, SHERRY  
Address: 1861 FINN HILL DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VPD ( ) Delete  
Name: HELLMAN, ROGER  
Address: 8741 EGRET ISLE TERRACE  
City-St-Zip: LAKE WORTH, FL 33467

Title: TSD ( ) Delete  
Name: RIVERA, FRANK  
Address: 102 PHEASANT RUN BLVD  
City-St-Zip: WEST PALM BEACH, FL 33415

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: TUCCI, VICKI  
Address: 3781 ISLAND CLUB CIRCLE, EAST  
City-St-Zip: LANTANA, FL 33462

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHERRY COLBY

PD

01/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date