

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# N99000007323

Entity Name: THE VICTORY CENTER, INC.

Current Principal Place of Business:

2775 SUNNY ISLES BLVD
STE 118
NORTH MIAMI BEACH, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

2775 SUNNY ISLES BLVD
STE 118
NORTH MIAMI BEACH, FL 33160 US

New Mailing Address:

FEI Number: 65-0968171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, BARRY A
2775 SUNNY ISLES BLVD
STE 118
NORTH MIAMI BEACH, FL 33160 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: VD () Delete
Name: BERMAN, WALLY
Address: 1000 CORPORATE DRIVE #700
City-St-Zip: FT. LAUDERDALE, FL 33334 US

Title: C () Delete
Name: NELSON, BARRY A
Address: 2775 SUNNY ISLES BLVD STE 118
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: TD () Delete
Name: AIN, CLIFFORD B
Address: 20764 WEST DIXIE HIGHWAY
City-St-Zip: AVENTURA, FL 33180 US

Title: PD () Delete
Name: NELSON, JUDITH
Address: 2775 SUNNY ISLES BLVD STE 118
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: C () Change (X) Addition
Name: SCHWARTZ, ROBERT S
Address: 200 SOUTH BISCAYNE BLVD STE 3200
City-St-Zip: MIAMI, FL 33131 US

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: CLIFFORD B. AIN

TD

02/02/2009

Electronic Signature of Signing Officer or Director

_____ Date