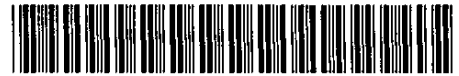


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90028 010 ****61.25



1st MOORE CR2E037 (10/05)

DOCUMENT # N99000002688 1. Entity Name VICTORY CATHEDRAL CHRISTIAN CENTER, INC.					
Principal Place of Business 16110 HWY. 301 S. WIMAUMA FL 33598			Mailing Address PO BOX 5433 SUN CITY CENTER FL 33571		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3345177	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BLOKLEY, G W REV 16110 HWY. 301 S WIMAUMA FL 33598				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 renewing) DATE _____					
FILE NOW - FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BLAKLEY, G W REV			NAME	
STREET ADDRESS	PO BOX 5433			STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL 33571			CITY-ST-ZIP	
TITLE	D	Delete <input checked="" type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	HASLACKER, DALE			NAME	
STREET ADDRESS	1330 FM 2790 W			STREET ADDRESS	
CITY-ST-ZIP	LYTLE TX 78052			CITY-ST-ZIP	
TITLE	T	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	PETERS, JOSEPHINE			NAME	
STREET ADDRESS	1554 TILLEY AVE			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33756			CITY-ST-ZIP	
TITLE	V	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BLAKLEY, CHRIS			NAME	
STREET ADDRESS	817 WOODLAWN STREET			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33756			CITY-ST-ZIP	
TITLE	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BLAKLEY, VICKY			NAME	
STREET ADDRESS	16110 HWY. 301 S.			STREET ADDRESS	
CITY-ST-ZIP	WIMAUMA FL 33598			CITY-ST-ZIP	
TITLE	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	RIORDAN, TERIANN			NAME	
STREET ADDRESS	116 LAKESIDE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34677			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____

G. W. BLAKLEY

815-642-0004
Jan. 30/06