

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41932

**Entity Name:** VICTORY CHRISTIAN CENTER OF BROWARD COUNTY, INC.

**Current Principal Place of Business:**

5450 S. ST RD 7  
14  
DAVIE, FL 33314

**FILED**  
**Apr 03, 2015**  
**Secretary of State**  
**CC1379323768**

**Current Mailing Address:**

9108C SW 19 PL  
DAVIE, FL 33324 US

**FEI Number: 65-0242632**

**Certificate of Status Desired: Yes**

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

TUXBURY, CAROL  
9108C SW 19 PL  
DAVIE, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name TUXBURY, CAROL  
Address 9108C SW 19 PL  
City-State-Zip: DAVIE FL 33324

Title T  
Name ACOCELLA, JEFFREY  
Address 18410 NW 56 AVE  
City-State-Zip: MIAMI GARDENS FL 33055

Title SECRETARY  
Name CRIVELLI, CAROL  
Address 18410 NW 56 AVE  
City-State-Zip: MIAMI GARDENS FL 33055

Title VP  
Name TUXBURY, GEORGE  
Address 9108C SW 19 PL  
City-State-Zip: DAVIE FL 33324

*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: CAROL TUXBURY**

**PASTOR**

**04/03/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date