# 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

Electronic Signature of Signing Officer/Director Detail

PRESIDENT/PASTOR

02/21/2014

Date

Certificate of Status Desired: Yes

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

### Officer/Director Detail :

Officer/Director Detail :				
Title	PD	Title	Т	
Name	TUXBURY, CAROL	Name	ACOCELLA, JEFFREY	
Address	9108C SW 19 PL	Address	18410 NW 56 AVE	
City-State-Zip:	DAVIE FL 33324	City-State-Zip:	MIAMI GARDENS FL 33055	
Title	SECRETARY	Title	VP	
Name	CRIVELLI, CAROL	Name	TUXBURY, GEORGE	
Address	18410 NW 56 AVE	Address	9108C SW 19 PL	
City-State-Zip:	MIAMI GARDENS FL 33055	City-State-Zip:	DAVIE FL 33324	

## DOCUMENT# N41932

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

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### **Current Principal Place of Business:**

5450 S. ST RD 7 14 DAVIE, FL 33314

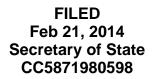
### **Current Mailing Address:**

9108C SW 19 PL DAVIE, FL 33324 US

### FEI Number: 65-0242632

Name and Address of Current Registered Agent:

TUXBURY, CAROL 9108C SW 19 PL DAVIE, FL 33324 US



Date