#### 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

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N41932

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

# **Current Principal Place of Business:**

5118 S STATE ROAD 7 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

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 :**

Title	PD	Title	VP
Name	TUXBURY, CAROL	Name	TUXBURY, GEORGE
Address	9108C SW 19 PL	Address	9108C SW 19 PL
City-State-Zip:	DAVIE FL 33324	City-State-Zip:	DAVIE FL 33324
Title	т		
The	I		
Name	MUSGRAVES, NORA		
Address	5506 NW 49 AVE		
Citv-State-Zip:	TAMARAC FL 33319		

Certificate of Status Desired: Yes

04/05/2023 Date

### FILED Apr 05, 2023 Secretary of State 8449776703CC

Date