

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007323

**FILED**  
**Jan 28, 2016**  
**Secretary of State**  
**CC1196286687**

**Entity Name:** THE VICTORY CENTER, INC.

**Current Principal Place of Business:**

18900 NE 25TH AVE  
C/O MICHAEL-ANN RUSSELL JCC  
NORTH MIAMI BEACH, FL 33180

**Current Mailing Address:**

18900 NE 25TH AVE  
C/O MICHAEL-ANN RUSSELL JCC  
NORTH MIAMI BEACH, FL 33180 US

**FEI Number:** 65-0968171

**Certificate of Status Desired:** No

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

NELSON, BARRY A  
2775 SUNNY ISLES BLVD  
STE 118  
NORTH MIAMI BEACH, FL 33160 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:** BARRY NELSON

01/28/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title C  
Name BARNETT, DAVID  
Address 2860 MARINA MILE BLVD  
SUITE 105  
City-State-Zip: FT LAUDERDALE FL 33312

Title TD  
Name AIN, CLIFFORD B  
Address 20764 WEST DIXIE HIGHWAY  
City-State-Zip: AVENTURA FL 33180

Title S  
Name DANIELS, LOUISE  
Address 4460 SABAL PALM ROAD  
City-State-Zip: MIAMI FL 33137

Title VC  
Name YAVNER, MICHAEL S  
Address 18909 NE 29TH AVENUE  
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR  
Name NELSON, BARRY  
Address 18900 NE 25TH AVE  
C/O MICHAEL-ANN RUSSELL JCC  
City-State-Zip: NORTH MIAMI BEACH FL 33180

*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:** CLIFFORD B AIN

**TREASURER**

01/28/2016

Electronic Signature of Signing Officer/Director Detail

Date