

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 708788**

1. Entity Name  
**VICTORY CHRISTIAN CHURCH, INC OF ORLANDO**



Principal Place of Business  
**6600 HOFFNER AVE  
ORLANDO, FL 32822-325 US**

Mailing Address  
**6600 HOFFNER AVE  
ORLANDO, FL 32822-325 US**



03242008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2171719**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HERNANDEZ, HOLMES  
5206 CONCH CT.  
ORLANDO, FL 32819**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

100000889654  
04/22/08-80063-001 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HERNANDEZ, HOLMES
STREET ADDRESS	5206 CONCH CT.
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	D
NAME	HERNANDEZ, LUZ M
STREET ADDRESS	5206 CONCH CT.
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	D
NAME	ROLON, BRENDA
STREET ADDRESS	2934 AUTUMN RUN CT.
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/08-80063-002 8.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/28/08**

Date

Daytime Phone #

**(407) 718-1439**