

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754474

FILED
Apr 17, 2008
Secretary of State

Entity Name: VICTORY CHRISTIAN FAMILY CENTER, INC.

Current Principal Place of Business:

8200 BEE RIDGE RD.
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

8200 BEE RIDGE RD.
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 59-2091517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OWENS, MARY
8200 BEE RIDGE ROAD
SARASOTA, FL 34241 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHERMAN OWENS,
Address: 6512 93RD STREET, EAST
City-St-Zip: BRADENTON, FL

Title: VP () Delete
Name: OWENS, MARY,
Address: 6512 93RD ST. E.
City-St-Zip: BRADENTON, FL

Title: EXVP () Delete
Name: PROBST, MARYBETH
Address: 7307 FOUNTAIN PALM CIRCLE
City-St-Zip: BRADENTON, FL 34203

Title: VP () Delete
Name: WRIGHT, CLARENCE
Address: PO BOX 1190
City-St-Zip: CADDO MILLS, TX 75135

Title: VP () Delete
Name: ZIRKLE-WRIGHT, MARION
Address: PO BOX 1190
City-St-Zip: CADDO MILLS, TX 75135

Title: VP () Delete
Name: HODGE, FRED DR.
Address: 9200 OWENS MOUTH AVE.
City-St-Zip: CHATSWORTH, CA 91311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY OWENS

VP

04/17/2008

Electronic Signature of Signing Officer or Director

Date