2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# 754474

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
SARAOSTA, 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	(X) 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:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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 04/14/2009

Electronic Signature of Signing Officer or Director — Date