

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755407

FILED
Apr 08, 2004
Secretary of State

Entity Name: VICTORY CHRISTIAN CENTER OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

3499 NW 2 AVE
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

3499 NW 2 AVE
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 59-2078362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOLAN, JAMES V ESQ
1040 BAYVIEW BLD BAYVIEW DR STE 606
FT LAUDERDALE, FL 33304

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: KARPINEN, DONALD
Address: 23133 SW 56 AVENUE
City-St-Zip: BOCA RATON, FL 33433

Title: TR () Delete
Name: KARPINEN, CATHERINE,
Address: 23133 SW 56 AVENUE
City-St-Zip: BOCA RATON, FL 33433

Title: TR () Delete
Name: BEATTY, TIM
Address: 10928 CRESCENDO CIR
City-St-Zip: BOCA RATON, FL 33489

Title: S () Delete
Name: BEATTY, BRENT
Address: 19274 CLOISTER LAKE LN.
City-St-Zip: BOCA RATON, FL 33498

Title: TR () Delete
Name: BENEDICT, DAVID
Address: 5365 PLANTATION ROAD
City-St-Zip: PLANTATION, FL 33317

Title: T () Delete
Name: BENEDICT, LINDA
Address: 5365 PLANTATION ROAD
City-St-Zip: PLANTATION, FL 33317

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 for the exemption stated in Section 119.07(3)(i), 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: DON KARPINEN

PD

04/08/2004

Electronic Signature of Signing Officer or Director

Date

BOBYE JO KIRKLAND
12365 RIVERFALLS COURT
BOCA RATON, FL 33428