

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755407

FILED
Feb 01, 2007
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 (X)**

Name and Address of Current Registered Agent:

TRI STAR ACCOUNTING
3200 N MILITARY TRAIL
BOCA RATON, FL 33431 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: KARPINEN, DONALD
Address: 8722 ESCONDIDO WAY E
City-St-Zip: BOCA RATON, FL 33433

Title: TR () Delete
Name: KARPINEN, CATHERINE,
Address: 8722 ESCONDIDO WAY E
City-St-Zip: BOCA RATON, FL 33433

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

Title: S () Delete
Name: BEATTY, BRENT
Address: 8361 NADMAR AVE
City-St-Zip: BOCA RATON, FL 33434 US

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
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Title: () Change () Addition
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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 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: CATHERINE KARPINEN

TR

02/01/2007

Electronic Signature of Signing Officer or Director

Date