

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001501

FILED  
Jan 23, 2009  
Secretary of State

Entity Name: CROWNED FOR VICTORY, INC.

**Current Principal Place of Business:**

2068 WHITE ASH WAY  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

2068 WHITE ASH WAY  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 20-4544732

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SMITH, BOBBIE C  
2068 WHITE ASH WAY  
TALLAHASSEE, FL 32308 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: D ( ) Delete  
Name: BELIZAIRE, MARCO DR  
Address: 5140 HEATH ROAD  
City-St-Zip: SMYRNA, GA 30082

Title: D ( ) Delete  
Name: GREGORIA, PATRICIA  
Address: 1826 JEAN MARIE DRIVE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: P ( ) Delete  
Name: JONES, EDDIE  
Address: 1801 MILFORD WAY  
City-St-Zip: MERIETTA, GA 30008

Title: T ( ) Delete  
Name: LEE, KEVIN DR  
Address: 421 WATSON BAY  
City-St-Zip: STONE MOUNTAIN, GA 30087

**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:

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: EDDIE JONES

CEO

01/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date