2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004329

FILED Jul 16, 2009 Secretary of State

Entity Name: VICTORY CHRISTIAN TEACHING MINISTRIES, INC

Current P	rincipal Place of Business:	New Principal Place of Business:
	_ACHUA AVE /, FL 32025	
Current M	ailing Address:	New Mailing Address:
	RODERICK DRIVE /, FL 32025	
n accordan		oration did not receive the prior notice.
lame and	Address of Current Registere	Agent: Name and Address of New Registered Agent:
475 SW BI	S, ELAINE REV. RODERICK DRIVE /, FL 32025 US	
	named entity submits this stater e of Florida.	ent for the purpose of changing its registered office or registered agent, or both,
n the State	e of Florida.	ent for the purpose of changing its registered office or registered agent, or both,
n the State	e of Florida.	
n the State	e of Florida. * RE:	ent for the purpose of changing its registered office or registered agent, or both, gistered Agent ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
n the State BIGNATUF DFFICERS itle: lame: kddress:	e of Florida. RE: Electronic Signature of Re	gistered Agent Date
n the State	e of Florida. RE: Electronic Signature of Re S AND DIRECTORS: PD () Delete MERRICKS, ELAINE REV. RT. 10 BOX 526Y	gistered Agent ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:
n the State BIGNATUF DFFICERS Title: Jame: Address: City-St-Zip: Title: Jame: Address:	E of Florida. RE: Electronic Signature of Re B AND DIRECTORS: PD () Delete MERRICKS, ELAINE REV. RT. 10 BOX 526Y LAKE CITY, FL 32025 T () Delete CORVIN, BETTY 754 NW ALMA AVE.	gistered Agent ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

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: REV. ELAINE MERRICKS PD 07/16/2009