


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007 08:00 A
Secretary of State

DOCUMENT # N01000008025	
1. Entity Name VICTORY REVIVAL CENTER, INC.	

Principal Place of Business VICTORY REVIVAL CENTER, INC. STARKE, FL 32091	Mailing Address PO BOX 1023 STARKE, FL 32091
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04282007 No Chg-NP CR2E037 (4/06)

4. FEI Number 27-0028981	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HARDY, DUDLEY P 403 WEST GEORGIA STREET STARKE, FL 32091

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIFFIS, RANDALL A SR RT 5, BOX 1172 STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURGIN, WILLIAM R 12958 NE 222ND LANE RAIFORD, FL 32083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIFFIS, VIVIAN D RT 5, BOX 1172 STARKE, FL 32091
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05/31/07-80035-002 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Randall A. Griffis Sr. Randall A. Griffis Sr. 5/11/07 904-964-2526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

We misplaced our card + just got it back out please forgive us. Please Help us