

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001223

FILED
Jun 24, 2008
Secretary of State

Entity Name: VICTORY CHRISTIAN LIFE CENTER, INC.

Current Principal Place of Business:

6043 KIMBERLY BLVD
A&B
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

1101 SW 49 AVENUE
PLANTATION, FL 33317

Current Mailing Address:

6043 KIMBERLY BLVD
A&B
NORTH LAUDERDALE, FL 33068

New Mailing Address:

9840 NW 31 PL
SUNRISE, FL 33351

FEI Number: 36-4490282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EMILIMOR, JOHN O DR
6270 SW 8 COURT
NORTH LAUDERDALE, FL 33068 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: P () Delete
Name: EMILIMOR, JOHN DR
Address: 6270 SW 8TH COURT
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: V () Delete
Name: SALERNO, RONALD REV
Address: 2718 S. UNIVERSITY DR, #170
City-St-Zip: DAVIE, FL 33328

Title: S () Delete
Name: EMILIMOR, LILEEN M
Address: 6270 SW 8TH COURT
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: T () Delete
Name: ABIDOYE, JAMESON O
Address: 9840 NW 31 PLACE
City-St-Zip: SUNRISE, FL 33351

Title: FS () Delete
Name: JOHNSON, EDMOND
Address: 6341 SW 9 PLACE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D () Delete
Name: OCHONOGOR, FIDELIS
Address: 6270 SW 8 CT
City-St-Zip: NORTH LAUDERDALE, FL 33968

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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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: EMILIMOR JOHN

P

06/24/2008

Electronic Signature of Signing Officer or Director

Date