2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000001223

TILED
Jul 30, 2008
Secretary of State

Entity Name: VICTORY CHRISTIAN LIFE CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 1101 SW 49 AVENUE PLANTATION, FL 33317 **Current Mailing Address: 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 () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EMILIMOR, JOHN O DR 6270 SW 8 COURT NORTH LAUDERDALE, FL 33068 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete EMILIMOR, JOHN DR Name: Name: Address: 6270 SW 8TH COURT Address: City-St-Zip: NORTH LAUDERDALE, FL 33068 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SALERNO, RONALD REV Name: Address: 2718 S. UNIVERSITY DR. #170 Address: City-St-Zip: **DAVIE, FL 33328** City-St-Zip: Title: () Delete Title: (X) Change () Addition EMILIMOR, LILEEN M Name: ABIDOYE, ABIOLA O Name: 6270 SW 8TH COURT 9840 NW 31 PLACE Address: Address: City-St-Zip: NORTH LAUDERDALE, FL 33068 City-St-Zip: SUNRISE, FL 33351 Title: () Delete Title: () Change () Addition ABIDOYE, JAMESON O Name: Name: 9840 NW 31 PLACE Address: Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, EDMOND Name: Name: 6341 SW 9 PLACE Address: Address: NORTH LAUDERDALE, FL 33068 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition OCHONOGOR, FIDELIS Name: Name: Address: 6270 SW 8 CT Address: NORTH LAUDERDALE, FL 33968 City-St-Zip: 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: JOHN EMILIMOR P 07/30/2008