

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001373

FILED
Apr 23, 2005
Secretary of State

Entity Name: VICTORY OUTREACH OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

2100 E MAIN ST
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 818
FRUITLAND PARK, FL 34731 US

New Mailing Address:

FEI Number: 04-3603841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, THOMAS G
105 COLLEGE AVE
FRUITLAND PARK, FL 34731 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: PSTR () Delete
Name: WILLIAMS, BOBBY
Address: 5099 E COUNTY ROAD 468
City-St-Zip: WILDWOOD, FL 34785

Title: TVP () Delete
Name: WILLOUGHBY, DANNY
Address: 9956 SE 155TH ST
City-St-Zip: SUMMERFIELD, FL 34491

Title: TTD () Delete
Name: HIMMELSBACH, CHARLES
Address: 924 ROSE LANE
City-St-Zip: LADY LAKE, FL 32159

Title: TDS () Delete
Name: MERRITT, JOSHUA
Address: 313 DEBORAH AVE
City-St-Zip: LEESBURG, FL 34748

Title: TRV () Delete
Name: TUCKER, PAUL
Address: 14470 SE 155TH ST.
City-St-Zip: WEIRSDALE, FL 32195

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: TVP (X) Change () Addition
Name: TUCKER, PAUL
Address: 14470 SE 155TH ST.
City-St-Zip: WEIRSDALE, FL 32195

Title: TVP () Change (X) Addition
Name: ADAMS, THOMAS
Address: 105 COLLEGE AVENUE
City-St-Zip: FRUITLAND PARK, FL 34731

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BOBBY WILLIAMS

PSTR

04/23/2005

Electronic Signature of Signing Officer or Director

Date