

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000005946**

**1. Entity Name**  
**VICTORY WAY CHRISTIAN CENTER, INC.**



**Principal Place of Business**  
**4058 ST AUGUSTINE RD**  
**JACKSONVILLE, FL 32207**

**Mailing Address**  
**4058 ST AUGUSTINE RD**  
**JACKSONVILLE, FL 32207**



**DO NOT WRITE IN THIS SPACE**

02242005 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 58-1697576	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**SWINSON, JAMES W**  
**4058 ST AUGUSTINE RD**  
**JACKSONVILLE, FL 32207**

**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 constituting)*

**DATE**

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>SWINSON, JAMES W</b>
<b>STREET ADDRESS</b>	<b>204 GLASS STREET</b>
<b>CITY - ST - ZIP</b>	<b>WAYCROSS, GA 31503</b>

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>SWINSON, JOHNNIE M</b>
<b>STREET ADDRESS</b>	<b>204 GLASS STREET</b>
<b>CITY - ST - ZIP</b>	<b>WAYCROSS, GA 31503</b>

<b>TITLE</b>	<b>DST</b>
<b>NAME</b>	<b>ADAMSON, RUBY</b>
<b>STREET ADDRESS</b>	<b>11340 QUAILHOLLOW DRIVE</b>
<b>CITY - ST - ZIP</b>	<b>JACKSONVILLE, FL 32218</b>

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
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<b>TITLE</b>	
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<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

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04/16/05-80018-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*James W. Swinson* **JAMES W. SWINSON** **3/31/05** **904-391-0002**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/100 Phone #