


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000005946 1. Entity Name VICTORY WAY CHRISTIAN CENTER, INC.	
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Principal Place of Business 4058 ST AUGUSTINE RD JACKSONVILLE, FL 32207	Mailing Address 4058 ST AUGUSTINE RD JACKSONVILLE, FL 32207
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DO NOT WRITE IN THIS SPACE



02262008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent SWINSON, JAMES W 4058 ST AUGUSTINE RD JACKSONVILLE, FL 32207

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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, 2008	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	D SWINSON, JAMES W 204 GLASS STREET WAYCROSS, GA 31503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWINSON, JOHNNIE M 204 GLASS STREET WAYCROSS, GA 31503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ADAMSON, RUBY 11340 QUAILHOLLOW DRIVE JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000930537
05/21/08-80111-022 61.25

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: <i>James W. Swinson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	02-27-08 - 904-391-0002 Date Daytime Phone #
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