

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000919

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** VICTORY RESTORATION COMMUNITY DEVELOPMENT, INC.

**Current Principal Place of Business:**

4291 GRIFFIN RD.  
DANIA, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

4289 GRIFFIN RD.  
DANIA, FL 33314

**New Mailing Address:**

**FEI Number:** 31-1751864

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SWEETING, TAWANDA  
4289 GRIFFIN RD.  
DANIA, FL 33314 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: VD ( ) Delete  
Name: SWEETING, EARL L  
Address: 4289 GRIFFIN RD.  
City-St-Zip: DANIA, FL 33314

Title: PD ( ) Delete  
Name: SWEETING, TAWANDA  
Address: 4289 GRIFFIN RD.  
City-St-Zip: DANIA, FL 33314

Title: TD ( ) Delete  
Name: JOHNSKINS, MILTON  
Address: 4289 GRIFFIN RD.  
City-St-Zip: DANIA, FL 33314

Title: SD ( ) Delete  
Name: DEVEAUX, DEBORAH  
Address: 4289 GRIFFIN RD.  
City-St-Zip: DANIA, FL 33314

Title: S ( ) Delete  
Name: CORNELIUS, VIONA ASST.  
Address: 4289 GRIFFIN RD.  
City-St-Zip: DANIA, FL 33314

Title: D ( ) Delete  
Name: BETHEL, AMANDA TRUSTEE  
Address: 4289 GRIFFIN ROAD  
City-St-Zip: DANIA, FL 33314

**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: ( ) 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: TAWANDA SWEETING

PD

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date