2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# N08000002429

Entity Name: VICTORY HOUSE OUTREACH, INC.

Current Principal Place of Business:

9125 TRESMORE COURT
BOYNTON BEACH, FL 33472

New Principal Place of Business:

Current Mailing Address:

9125 TRESMORE COURT
BOYNTON BEACH, FL 33472

New Mailing Address:

FEI Number: 26-2224428 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CULLISON, TIMOTHY
9125 TRESMORE COURT
BOYNTON BEACH, FL 33472 US

Name and Address of New Registered Agent:

ALFIERI AND ASSOCIATES, LLC
5143 NW 42 TERRACE
COCONUT CREEK, FL 33073 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: PAUL R. ALFIERI, ESQ. 03/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Change (X) Addition
Name: CULLISON, TIM
Address: 9125 TRESMORE COURT
City-St-Zip: BOYNTON BEACH, FL 33742

Title: DT ( ) Change (X) Addition
Name: LECHMAN, CRAIG
Address: 924 BERMUDA GARDENS ROAD
City-St-Zip: DELRAY BEACH, FL 33483

Title: DS ( ) Change (X) Addition
Name: SENN, MARGARET
Address: 245 SE 10 STREET, B-10
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D ( ) Change (X) Addition
Name: MARTIN, IRA
Address: 4175 NW 24 TERRACE
City-St-Zip: BOCA RATON, FL 33431

Title: D ( ) Change (X) Addition
Name: BENEDICT, DAVID
Address: 5365 PLANTATION ROAD
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Change (X) Addition
Name: VALVO, CRAIG
Address: 5122 NW 74 COURT
City-St-Zip: COCONUT CREEK, FL 33073

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: TIM CULLISON PRES 03/13/2009
Electronic Signature of Signing Officer or Director Date