

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26351

FILED
May 09, 2006
Secretary of State

Entity Name: VICTORY BIBLE FELLOWSHIP, INC.

Current Principal Place of Business:

3350 W. STONEBROOK CIRCLE
DAVIE, FL 33330

New Principal Place of Business:

Current Mailing Address:

3350 W. STONEBROOK CIRCLE
DAVIE, FL 33330

New Mailing Address:

FEI Number: 65-0056442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BROWN, DEVON
3350 W. STONEBROOK CIRCLE
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

BROWN, DEVON G PASTOR
3350 W. STONEBROOK CIRCLE
DAVIE, FL 33330 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: DEVON G. BROWN

05/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: FLETCHER, CLAUDETTE
Address: 913 SW 123RD TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: WILLIS, DENNIS
Address: 3950 INVERRARY DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: D () Delete
Name: DONALDSON, JENNIFER
Address: 7230 ORLEANS ST
City-St-Zip: MIRAMAR, FL

Title: D () Delete
Name: HENRY, DORMAN
Address: 10670 S.W. 25TH STREET
City-St-Zip: DAVIE, FL 33024

Title: VP () Delete
Name: BROWN, PATRICIA
Address: 3350 W STONEBROOK CIRCLE
City-St-Zip: DAVIE, FL 33330

Title: P () Delete
Name: BROWN, DEVON
Address: 3350 W STONEBROOK CIRCLE
City-St-Zip: DAVIE, FL 33330

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: D (X) Change () Addition
Name: BARRY-AUSTIN, SAMUEL
Address: 11210 S.W. 51ST STREET
City-St-Zip: FORT LAUDERDALE, FL 33330

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 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: CLAUDETTE FLETCHER

S

05/09/2006

Electronic Signature of Signing Officer or Director

Date