

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90002 047 ****70.00

40109647



07012008 Chg-NP CR2E037 (12/06)

DOCUMENT # N26351 1. Entity Name VICTORY BIBLE FELLOWSHIP, INC.					
Principal Place of Business 3350 W. STONEBROOK CIRCLE DAVIE, FL 33330			Mailing Address 3350 W. STONEBROOK CIRCLE DAVIE, FL 33330		
2. Principal Place of Business - No P.O. Box # 3350 W. STONEBROOK CIRCLE Suite, Apt. #, etc.		3. Mailing Address 3350 W STONEBROOK CIRCLE Suite, Apt. #, etc.			
City & State DAVIE, FL 33330		City & State DAVIE, FL		4. FEI Number 65-0056442	
Zip 33330		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, DEVON G PASTOR 3350 W. STONEBROOK CIRCLE DAVIE, FL 33330			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLETCHER, CLAUDETTE 260 NE 116TH STREET MIAMI, FL 33161	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, DENNIS 3950 INVERRARY DRIVE FORT LAUDERDALE, FL 33319	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONALDSON, JENNIFER 7230 ORLEANS ST MIRAMAR, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRY-AUSTIN, SAMUEL 11210 S.W. 51ST STREET FORT LAUDERDALE, FL 33330	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, PATRICIA 3350 W STONEBROOK CIRCLE DAVIE, FL 33330	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, DEVON 3350 W STONEBROOK CIRCLE DAVIE, FL 33330	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. LEONIE SENIOR 7260 STIRLING RD, # 110 DAVIE, FL 33024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEVERLY BAILEY 4421 NW 74TH AVENUE LAUDERHILL, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>Claudette Fletcher</i>		CLAUDETTE FLETCHER		07/01/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 786-413-6464	