2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N31815

Entity Name: VICTORY LIVING PROGRAMS, INC.

Current Principal Place of Business:

1001 W. CYPRESS CREEK ROAD
STE 400
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

1001 W. CYPRESS CREEK ROAD
STE 400
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 65-0162567 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHORR, STEPHEN
1700 NW 2 AVE
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

GRAYSON, WILLIAM
2100 S. OCEAN BLVD.
#811
FT LAUDERDALE, FL 33316 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: WILLIAM GRAYSON 04/07/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	STD	( ) Delete
Name:	SCHWARTZ, GLORIA	
Address:	9701 N. NEW RIVER CANAL RD. #109	
City-St-Zip:	PLANTATION, FL 33324	
Title:	D	( ) Delete
Name:	SCHORR, STEPHEN	
Address:	1700 NW 2ND AVE	
City-St-Zip:	BOCA RATON, FL 33342	
Title:	VP	( ) Delete
Name:	SCHULTE, GEORGE	
Address:	8 SE 13TH TERR. UNIT B	
City-St-Zip:	DANIA, FL 33004	
Title:	PD	( ) Delete
Name:	GRAYSON, WILLIAM	
Address:	2100 S OCEAN LANE #811	
City-St-Zip:	FORT LAUDERDALE, FL 33316	
Title:	D	( ) Delete
Name:	GRAYSON, MARYLOU	
Address:	2100 S OCEAN LANE #811	
City-St-Zip:	FORT LAUDERDALE, FL 33316	
Title:	D	( ) Delete
Name:	MATTES, FRED	
Address:	3441 WATER OAK DR.	
City-St-Zip:	HOLLYWOOD, FL 33021	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	SCTY	(X) Change ( ) Addition
Name:	BAST, STEVE	
Address:	4401 W. ATLANTIC BLVD. # 1103	
City-St-Zip:	COCONUT CREEK, FL 33006	
Title:	D	(X) Change ( ) Addition
Name:	SCHWARTZ, RONALD	
Address:	9701 N. NEW RIVER CANAL RD, #109	
City-St-Zip:	PLANTATION, FL 33324	
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: WILLIAM GRAYSON PD 04/07/2009
Electronic Signature of Signing Officer or Director Date