

# 2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N41932

FILED  
Jul 12, 2013  
Secretary of State

**Entity Name:** VICTORY CHRISTIAN CENTER OF BROWARD COUNTY, INC.

**Current Principal Place of Business:**

5450 S. ST RD 7  
14  
DAVIE, FL 33314 US

**New Principal Place of Business:**

**Current Mailing Address:**

5450 S. ST RD 7  
14  
DAVIE, FL 33314 US

**New Mailing Address:**

9108C SW 19 PL  
DAVIE, FL 33324 US

**FEI Number:** 65-0242632

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

STEVE AND ELENA WOODARD  
5450 S. ST RD 7  
14  
DAVIE, FL 33314 US

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

TUXBURY, CAROL  
9108C SW 19 PL  
DAVIE, FL 33324 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: CAROL TUXBURY

07/12/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TUXBURY, CAROL  
Address: 9108C SW 19 PL  
City-St-Zip: DAVIE, FL 33324

Title: T  
Name: ACOCELLA, JEFFREY  
Address: 18410 NW 56 AVE  
City-St-Zip: MIAMI GARDENS, FL 33055

Title: S  
Name: ACOCELLA, CAROL  
Address: 18410 NW 56 AVE  
City-St-Zip: MIAMI GARDENS, FL 33055

Title: VP  
Name: TUXBURY, GEORGE  
Address: 9108C SW 19 PL  
City-St-Zip: DAVIE, FL 33324

I hereby 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 all other like empowered.

SIGNATURE: CAROL TUXBURY

PD

07/12/2013

Electronic Signature of Signing Officer or Director

Date