

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Spulce with? Carol Tuxbury on 2/17/17. Spulce with? Carol Tuxbury on 2/17/17. Special Instructions to Filing Officer: Special Instructions to Filing Officer: One approved to File articles of She approved to File articles of One app

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

A Hacked Copies
Corrected Copies

January 25, 2017

CAROL TUXBURY 9108C SW 19 PL DAVIE, FL 33324

SUBJECT: VICTORY CHRISTIAN CENTER OF BROWARD COUNTY, INC.

Ref. Number: N41932

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tailent Regulatory Specialist II

Letter Number: 417A00001601

www.sunbiz.org

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Victory Christian Center of Broward

5118 S. State Road 7 Davie, FL 33314 (954) 817-3385

February 7, 2017

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Subject: VICTORY CHRISTIAN CENTER OF BROWARD COUNTY, IN.

Ref. Number N41932

Letter Number: 517A00001684 Letter Number: 417A00001601

I received your letter stating you did not receive the necessary \$35.00 check along with my document. Please see the attached copy of paid check number 1329. It was attached to the document and paid out of our account. Also, according to letter Number 417A00001601 my check was received by you along with my document. Please check your records again and give us credit.

Also, attached are the corrected documents as instructed in letter Number 417A00001601.

Thank you for your assistance,

Cand Tupbury
Pastor Carol Tuxbury

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION		AN CENTER OF BRO	WARD CO	OUNTY, INC.	
DOCUMENT NUMBER:	N41932				
The enclosed Articles of Am				· .	
The chelosed Afficies by Am	tenument and fee are such	ntted for ming.			
Please return all corresponde	ence concerning this matter	to the following:			
Carol Tuxbury					
	1	(Name of Contact Perso	n)		
VICTORY CHRISTIAN CE	ENTER OF BROWARD C	COUNTY, INC			
		(Firm/ Company)			
9108C SW 19 PL					
		(Address)			
Davie, FL 33324					
	(City/ State and Zip Coc	le)		
caroltuxbury@yahoo.com					1/
E	-mail address: (to be used	for future annual report	notification	n)	
For further information conc	erning this matter, please of	eall:			
Carol Tuxbury		95 at	54	423-9203	
	(Name of Contact Person)		rea Code)	(Daytime Telepl	none Number)
Enclosed is a check for the f	ollowing amount made pay	vable to the Florida Dep	artment of	State:	
□ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee leate of Status led Copy tional Copy is osed)	
Mailing A	address		Address	ion	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

VICTORY CHRISTIAN CENTER OF BROWARD COUNTY, INC.

(Name of Comparation as any	ently filed with the Florida Dept. of Sta	ta)
	entry med with the Florida Dept. of Sta	<u>te</u>)
N41932		
(Document Nur	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ates, this Florida Not For Profit Corpora	tion adopts the following
A. If amending name, enter the new name of the corpora	ation:	
		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbrevi	ation "Corp." or "Inc "
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>S</u>)	
		7
		<u> </u>
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		7 2 O
		\$ 2
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		of the
Name of New Registered Agent:		
	(Florida street address	
New Registered Office Address:		
	, , ,	lorida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent. I am j	familiar with and accept the obligations of	of the position.
	Signature of New Registered Agent, if ch	anging

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	T	Jeffrey Acocella	18410 NW 56 Ave
Add			Miami Gardens, FL 33055
X Remove			
2) Change	T	Nora Musgraves	5506 NW 49 Ave
X Add			Tamarac, FL 33319
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add Remove			-
Kemove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)

11/26/2016	
The date of each amendment(s) adoption:late this document was signed.	, if other than the
11/26/2016	
Cffective date if applicable: (no more than 90 days after amendment file date)	.
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date volument's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(was/were sufficient for approval.	(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated	
Signature Canol Tigibury	
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Carol Tuxbury	
(Typed or printed name of person signing)	-
PD	
(Title of person signing)	•