2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N44385

1. Entity Name
VICTORY DELIVERANCE CENTER INC.

Principal Place of Business	Mailing Address
2008 SIPES AVENUE SANFORD, FL 32771	2008 SIPES AVENUE SANFORD, FL 32771

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04042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3123844

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRAMLIN, CHARLES
2008 SIPES AVE
SANFORD, FL 32771

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GRAMLIN, CHARLES
STREET ADDRESS	2008 SIPES AVENUE
CITY-ST-ZIP	SANFORD, FL
TITLE	D
NAME	GRAMLIN, MAUDE
STREET ADDRESS	2008 SIPES AVENUE
CITY-ST-ZIP	SANFORD, FL
TITLE	D
NAME	GRAMLIN-STALLWORTH, SHARON
STREET ADDRESS	1900 SIPES AVENUE
CITY-ST-ZIP	SANFORD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000497154
04/22/06-80037-015 70.00

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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: Maude Gramlin Co-Pastor 4/3/06 (407) 324-3417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #