


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N44385
 1. Entity Name
VICTORY DELIVERANCE CENTER INC.



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

DO NOT WRITE IN THIS SPACE



02202008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3123844	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

U00000835356
 02/29/08-80033-002 61.25

10. OFFICERS AND DIRECTORS

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

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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* *2/22/08* *407-324-2417*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #