

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44385

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** VICTORY DELIVERANCE CENTER INC.

**Current Principal Place of Business:**

1925 SECOND DRIVE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

1925 SECOND DRIVE  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:** 59-3123844

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRAMLIN, CHARLES  
2008 SIPES AVE  
SANFORD, FL 32771 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: GRAMLIN, CHARLES  
Address: 2008 SIPES AVENUE  
City-St-Zip: SANFORD, FL

Title: D  
Name: GRAMLIN, MAUDE  
Address: 2008 SIPES AVENUE  
City-St-Zip: SANFORD, FL

Title: D  
Name: GRAMLIN-STALLWORTH, SHARON  
Address: 1900 SIPES AVENUE  
City-St-Zip: SANFORD, FL

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: MAUDE GRAMLIN

D

02/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date