

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48609

FILED
Apr 25, 2012
Secretary of State

Entity Name: VICTORY CHRISTIAN CENTER INC.

Current Principal Place of Business:

3012-18TH AVE SO.
ST. PETERSBURG, FL 33712 US

New Principal Place of Business:

Current Mailing Address:

3012-18TH AVE SO.
ST. PETERSBURG, FL 33712 US

New Mailing Address:

FEI Number: 59-3127381 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WILLIAMS, CLAUDE S. PASTOR
2000 67TH AVE. S.
ST. PETERSBURG, FL 33712 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: P
Name: WILLIAMS, CLAUDE S.
Address: 2000 67TH AVE. S.
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: D,T
Name: SMITH, TRACEY L.
Address: 5600 5TH WAY SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: D,S
Name: MELLS, DEBORAH
Address: 197 DOLPHIN AVENUE SE
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: D
Name: JACKSON, DORETHA S.
Address: 7300 SUNSHINE SKYWAY LANE #205
City-St-Zip: ST PETERSBURG, FL 33712 US

Title: D
Name: FRESHLER, DONN
Address: 1725 ANASTASIA WAY SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: D
Name: MOORE, PATRICE W.
Address: 5230 42ND STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711 US

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: TRACEY L. SMITH

D,T

04/25/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date