

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000534

FILED
May 29, 2006
Secretary of State

Entity Name: VICTORY DELIVERANCE CENTER OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

319 CLEVELAND STREET
AUBURNDALE, FL 33823 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1528
AUBURNDALE, FL 33823 US

New Mailing Address:

FEI Number: 59-3239487 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HERBERT, PAMELA
7534 GUNSTOCK DRIVE
LAKELAND, FL 33809 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: D () Delete
Name: HERBERT, LARRY
Address: 7354 GUNSTOCK DR
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: HERBERT, PAMELA
Address: 7354 GUNSTOCK DR
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: HARDEE, COLLINS
Address: 121 BERGEN CIR
City-St-Zip: AUBURNDALE, FL 33823

Title: S () Delete
Name: CHILDS, TERRY
Address: 3912 PELICAN CT
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAMELA HERBERT

D

05/29/2006

Electronic Signature of Signing Officer or Director

Date