

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N9500004114

1. Corporation Name

VICTORY CHRISTIAN SCHOOL, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

3001 NORTH 29TH AVENUE HOLLYWOOD FL 33020-1309

2. Principal Place of Business

3001 NORTH 29TH AVENUE HOLLYWOOD FL 33020-1309

FILED Jul 29, 1999 8:00 am Secretary of State

07-29-1999 90016 036 ****70.00



3. Date incorporated or Qualifed

	SHERIDAN ST 26 11330 SHERIDA			07	08/28/1995		Ì	
	11330 SHERLOAN ST 26 1330 SHE Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number	Ar	oplied For	
					NOT APPLICABLE	No	ot Applicable	
City & Stat	City & State City & State					\$8.75	Additional	
`	¬ '			- L	5. Certificate of Status Desired	Fee Re	Fee Required	
Zip				COUNTRY & Election Compaign Financing \$5.00 May Re				
24 3302	25 29 33026 30					Added	to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
			81	Name			-	
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD				82 Street Address (P.O. Box Number is Not Acceptable)				
343 ALMERIA AVENUE				Street Address (P.O. Box Number is Not Acceptable)				
CORAL GABLES FL 33134								
			84	City		FL 85 Zip	Code	
44 Dumunt	to the amuisians of Sections 617.0502	and 617 1508 Florida Statutes	the above	-named com	oration submits this statement for the purp	nose of changing its	registered	
office or r	registered agent, or both, in the State of	i Florida. Such change was auth	ionzea by	tne corporauc	on's board of directors. I hereby accept the	appointment as re	gistered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Florida	a Statutes.					
SIGNATURE		MOTE: Pe	nietared Anen	signature require	d when reinstating)	DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F 12. OFFICERS AND DIRECTORS			13.	t agriatoro reguiro.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	ORS IN 12	
TITLE	PSTD	☐ DELETE	1.1 TITLE	PS	TD	Change	☐ Addition	
NAME	FLETCHER, CLAUDETTE Y M.DIV	<u> </u>	1.2 NAME	[[[]	GTCHER, CLAUDETTE Y		ľ	
	3001 NORTH 29TH AVENUE		1.3 STREET	ADDRESS 11.3	30 SHISELDAN ST		ľ	
STREET ADDRESS	HOLLYWOOD FL 33020-1309		1.4 CITY-ST		HBPOKE PINES EL 330	126-		
CITY-ST-ZIP	C 33020-1309	☐ DELETE	2.1 TITLE	-21 PC	HENDER THURS I'M SIX	Change	Addition	
TITLE	DDOWN BACTOR DEVON		2.2 NAME	0.0	DOON, PASTOR DEVON			
NAME	BROWN, PASTOR DEVON		2.3 STREET	ADDDESS LA	330 SHERIDAN ST		į	
STREET ADDRESS	3001 NORTH 29TH AVENUE			ADDRESS 113	330 SHEEDING CI 25	1024		
CITY-ST-ZIP	HOLLYWOOD FL	⊠ DELETE	2.4 CITY-S 3.1 TITLE	1-211 126	MBEDICES PINOS, FL 32	T Change	5 Addition	
TITLE	VP	23 DELETE	Į.	D	WWN, PATEICIA			
NAME	HENRY, ZADOC		3.2 NAME		330 sheeldan steed	τ		
STREET ADDRESS			3.3 STREET					
CITY-ST-ZIP	HOLLYWOOD FL	☐ DELETE	3.4. CITY-S		mbrokus pinds, FL 3	3 02.6 Change	Addition	
TITLE	D STATE OF S	□ DELETE	4.1 TITLE	B -	Transa Car	Criminge		
NAME	DONALDSON, JENNIFER		4. 2 NAME		WALLSON JONNIFOR		}	
STREET ADDRESS			4.3 STREET	1 7				
CITY-ST-ZIP	MIRAMAR FL		4.4 CITY-S	r-ZIP		Change	☐ Addition 】	
TITLE	D	☐ DELETE	5.1 TITLE			cnange	☐ 400mon }	
NAME	BARRY-AUSTIN, TRINITA		5.2 NAME					
STREET ADDRESS	1		5.3 STREET					
CITY-ST-ZIP	CAROL CITY FL		5.4 CITY-ST	r-ZIP				
TITLE	D	☐ DELETE	6.1 TITLE	1		☐ Change	☐ Addition	
NAME	HENRY, DORMAN		6.2 NAME					
STREET ADDRESS	11301 ROCKINGHORSE RD.		6.3 STREET	ADDRESS				
CITY-ST-7IP	COOPER CITY FL		6.4 CITY-S	r-ziP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

LY FLOCIATURE CRADE THE STEPLET CHESE
SIGNAFURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-99

(954)436 -7413 Daytime Phone #