

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004114

FILED
May 05, 2005
Secretary of State

Entity Name: VICTORY CHRISTIAN SCHOOL, INC.

Current Principal Place of Business:

11330 SHERIDAN ST
PEMBROKE PINES, FL 33026

New Principal Place of Business:

3350 W STONEBROOK CIRCLE
DAVIE, FL 33330

Current Mailing Address:

11330 SHERIDAN ST
HOLLYWOOD, FL 33026

New Mailing Address:

3350 W STONEBROOK CIRCLE
DAVIE, FL 33330

FEI Number: 01-0773459 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: PSTD () Delete
Name: FLETCHER, CLAUDETTE Y M.DIV
Address: 11330 SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33026

Title: C () Delete
Name: BROWN, PASTOR DEVON
Address: 11330 SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33026

Title: D () Delete
Name: BROWN, PATRICIA
Address: 11330 SHERIDAN ST
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D (X) Delete
Name: DONALDSON, JENNIFER
Address: 7230 ORLEANS STREET
City-St-Zip: MIRAMAR, FL

Title: D (X) Delete
Name: HENRY, DORMAN
Address: 11301 ROCKINGHORSE RD.
City-St-Zip: COOPER CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: FLETCHER, CLAUDETTE Y M.DIV
Address: 913 SW 123RD TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: C (X) Change () Addition
Name: BROWN, PASTOR DEVON
Address: 3350 W STONEBROOK CIRCLE
City-St-Zip: DAVIE, FL 33330

Title: D (X) Change () Addition
Name: BROWN, PATRICIA
Address: 3350 W STONEBROOK CIRCLE
City-St-Zip: DAVIE, FL 33330

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 Section 119.07(3)(i), 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: CLAUDETTE FLETCHER

PSTD

05/05/2005

Electronic Signature of Signing Officer or Director

Date