
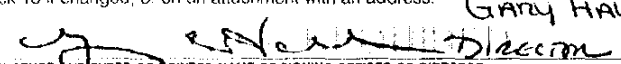


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000003096 (2)</b> 1. Corporation Name <b>VICTORY CHRISTIAN SCHOOL OF ORLANDO, INC.</b>					
Principal Place of Business <b>1199 CLAY STREET WINTER PARK FL 32789-5495</b>		Mailing Address <b>1199 CLAY STREET WINTER PARK FL 32789-5486</b>			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified <b>06/11/1996</b> 3a. Date of Last Report  4. FEI Number <b>59-3392435</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>HALL, GARY 243 TIMBERLAND AVE LONGWOOD FL 32750</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-stating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HALL, GARY				
STREET ADDRESS	243 TIMBERLAND AVE				
CITY - ST - ZIP	LONGWOOD FL 32750				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	MALINOWSKI, DAVID				
STREET ADDRESS	1125 O'DAY COURT				
CITY - ST - ZIP	WINTER SPRINGS FL 32708				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WILLIAMS, CYNTHIA				
STREET ADDRESS	2770 PRINCE JOHN ROAD				
CITY - ST - ZIP	WINTER PARK FL 32792				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HUGHES, BRUCE				
STREET ADDRESS	7705 BAYBERRY COURT				
CITY - ST - ZIP	ORLANDO FL 32810				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	POLINO, GENE				
STREET ADDRESS	106 BEACH AVE				
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32701				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WOLFE, DICK				
STREET ADDRESS	3005 ALAMO DRIVE				
CITY - ST - ZIP	ORLANDO FL 32805				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	James P. Cernero				
1.3 STREET ADDRESS	2204 Heatheroak Drive				
1.4 CITY - ST - ZIP	Apopka, FL 32703				
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	Phillip A. Moore				
2.3 STREET ADDRESS	2761 Foxwood Court				
2.4 CITY - ST - ZIP	Orlando, FL 32818				
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	Joe Shaia				
3.3 STREET ADDRESS	606 Water oak Lane				
3.4 CITY - ST - ZIP	Longwood, FL 32779				
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	Jeffrey Pittman				
4.3 STREET ADDRESS	1157 Oak Tree Circle				
4.4 CITY - ST - ZIP	Altamonte Springs, FL 32714				
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
14. I do 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.					
SIGNATURE:  <b>GARY HALL</b> 2/27/97 (407) 578-4570 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (9/96)