


FILE NOW: FILING FEE IS \$61.25

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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthain Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003131 (6)**

1. Corporation Name

VICTORY CHRISTIAN HOME EDUCATORS, INC.



Principal Place of Business	Mailing Address
1250 BLYTHE AVE DELTONA FL 3272-5	1250 BLYTHE AVE DELTONA FL 3272-5

3. Date Incorporated or Qualified

05/30/1997

4. FEI Number

59-3445543

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2810 Flynn St.	26 2810 Flynn St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

22 City & State	27 City & State
23 Deltona, FL.	28 Deltona, FL.
Zip	Zip
24 32738-1361	29 32738-1361
Country	Country
25 USA	30 USA

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTH, WILLIAM H
2810 FLYNN STREET
DELTONA FL 32738-1361

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WINNINGHAM, CORY	
STREET ADDRESS	1250 BLYTHE AVE	
CITY-ST-ZIP	DELTONA FL 3272-5	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROTH, WILLIAM	
STREET ADDRESS	2810 FLYNN ST	
CITY-ST-ZIP	DELTONA FL 32738	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARINO, MICHAEL	
STREET ADDRESS	2931 GRIMES ST	
CITY-ST-ZIP	DELTONA FL 32738	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FOGGIN, TOM	
STREET ADDRESS	902 ELKCAM BLVD	
CITY-ST-ZIP	DELTONA FL 32725	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Roth, William H	
1.3 STREET ADDRESS	2810 Flynn St.	
1.4 CITY-ST-ZIP	Deltona, FL 32738-1361	

2.1 TITLE	T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Marino, Michael	
2.3 STREET ADDRESS	1250 Blythe Ave	
2.4 CITY-ST-ZIP	Deltona, FL 32725	

3.1 TITLE	V D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kalata, Kenneth	
3.3 STREET ADDRESS	1867 Gatewood	
3.4 CITY-ST-ZIP	Deltona, FL 32738	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

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 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 change of or an attachment with an address.

SIGNATURE:

William H Roth

1/25/98

904-532-0026

CR2E037 (10/97)