

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90172 048 ****70.00

DOCUMENT # N97000003131

1. Corporation Name

VICTORY CHRISTIAN HOME EDUCATORS, INC.

Principal Place of Business

**2810 FLYNN STREET
DELTONA FL 32738-1361
US**

Mailing Address

**2810 FLYNN STREET
DELTONA FL 32738-1361
US**

150211-90172-48



2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24**25**

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

3. Date Incorporated or Qualified

05/30/1997

4. FEI Number

59-3445543

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 ☐ DELETE**PSD
ROTH, WILLIAM
2810 FLYNN ST
DELTONA FL 32738**TITLE ☐ DELETE**TD
MARIANO, MICHAEL
1250 BLYTHE AVE
DELTONA FL 32725**TITLE ☐ DELETE**VD
KALATA, KENNETH
1867 GATEWOOD
DELTONA FL 32738**TITLE ☐ DELETE**NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE ☐ DELETE**NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE ☐ DELETE**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition**PD
Roth, William
2810 Flynn St
Deltona, FL. 32738**2.1 TITLE ☐ Change ☐ Addition**2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**3.1 TITLE ☐ Change ☐ Addition**3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**4.1 TITLE ☐ Change ☒ Addition**SD
Drake, Jeffrey
3210 Amblewood Ct.
Deltona, FL. 32725**5.1 TITLE ☐ Change ☐ Addition**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**6.1 TITLE ☐ Change ☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0013898