

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90008 031 \*\*\*\*70.00

**DOCUMENT # N97000003131**

1. Entity Name  
VICTORY CHRISTIAN HOME EDUCATORS, INC.



Principal Place of Business  
1867 GATEWOOD DRIVE  
DELTONA, FL 32738 US

Mailing Address  
1867 GATEWOOD DRIVE  
DELTONA, FL 32738 US

44007070



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-3445543

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KALATA, KENNETH  
1867 GATEWOOD DRIVE  
DELTONA, FL 32738

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME KALATA, KENNETH  
STREET ADDRESS 1867 GATEWOOD DR.  
CITY-ST-ZIP DELTONA, FL 32738

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME LEVEN, THOMAS R  
STREET ADDRESS 220 LAKEWOOD DR.  
CITY-ST-ZIP DEBARY, FL 32713

TITLE ☒ Change ☐ Addition  
NAME VD  
STREET ADDRESS LEVEN, THOMAS R  
CITY-ST-ZIP 2150 EAU CLAIRE AVE  
DELAND FL 32724

TITLE SD ☒ Delete  
NAME REY, CARRIE ANN  
STREET ADDRESS 78 SPRING RIDGE DR.  
CITY-ST-ZIP DEBARY, FL 32713

TITLE ☐ Change ☒ Addition  
NAME SD  
STREET ADDRESS KAREN LYNN LEVEN  
CITY-ST-ZIP 2150 EAU CLAIRE AVE  
DELAND FL 32724

TITLE TD ☐ Delete  
NAME KALATA, DIANE  
STREET ADDRESS 1867 GATEWOOD DRIVE  
CITY-ST-ZIP DELTONA, FL 32738

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kenneth Kalata*

Kenneth KALATA

1-8-04

386-789-0819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #