


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



02102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3445543	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KALATA, KENNETH 1867 GATEWOOD DRIVE DELTONA, FL 32738
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IN THIS SPACE**

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, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KALATA, KENNETH 1867 GATEWOOD DR. DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEVEN, THOMAS R 2150 EAU CLAIRE AVE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVEN, KAREN LYNN 2150 EAU CLAIRE AVE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KALATA, DIANE 1867 GATEWOOD DRIVE DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/14/05-80108-006 70.00

**DO NOT WRITE
IN THIS SPACE**

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 3-9-05 386-789-0819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #