2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2008
Secretary of State

DOCUMENT# N97000003131

Entity Name: VICTORY CHRISTIAN HOME EDUCATORS, INC.

Current Principal Place of Business:

1250 WALTON AVENUE
DELTONA, FL 32738 US

New Principal Place of Business:

Current Mailing Address:

1250 WALTON AVENUE
DELTONA, FL 32738 US

New Mailing Address:

FEI Number: 59-3445543 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MATTERN, KAY SEC
1250 WALTON AVENUE
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MATTERN, KAY
Address: 1250 WALTON AVENUE
City-St-Zip: DELTONA, FL 32738 US

Title: VD ( ) Delete
Name: MATTERN, KENT
Address: 1250 WALTON AVENUE
City-St-Zip: DELTONA, FL 32738 US

Title: SD ( ) Delete
Name: FARIA, FRED
Address: 3175 LINDERA DRIVE
City-St-Zip: DELTONA, FL 32738

Title: TD ( ) Delete
Name: FARIA, LISA
Address: 3175 LINDERA DRIVE
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAY MATTERN PD 08/28/2008

Electronic Signature of Signing Officer or Director — Date