

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90133 040 ****70.00

DOCUMENT # N97000003131

1. Entity 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**

2. Principal Place of Business

1867 Gatewood Dr.

Suite, Apt. #, etc.

3. Mailing Address

1867 Gatewood Dr.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Deltona FL

City & State

Deltona FL

4. FEI Number **59-3445543**

Applied For

Not Applicable

Zip

32738

Country

US

Zip

32738

Country

US

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Kenneth Kalata**
Street Address (P.O. Box Number is Not Acceptable)
1867 Gatewood Dr.
City **Deltona** FL Zip Code **32738**

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]

Kenneth Kalata

2-21-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROTH, WILLIAM	
STREET ADDRESS	2810 FLYNN ST	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KALATA, KENNETH	
STREET ADDRESS	1867 GATEWOOD	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DRAKE, JEFFREY	
STREET ADDRESS	3210 AMBELWOOD CT.	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth Kalata	
STREET ADDRESS	1867 Gatewood Dr.	
CITY-ST-ZIP	Deltona FL 32738	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Rudolf Leven	
STREET ADDRESS	220 Lakewood Dr.	
CITY-ST-ZIP	DeBary FL 32713	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARIE ANN REY	
STREET ADDRESS	78 Spring Ridge Dr.	
CITY-ST-ZIP	DeBary FL 32713	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIME KALATA	
STREET ADDRESS	1867 Gatewood Dr.	
CITY-ST-ZIP	Deltona FL 32738	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature] **Kenneth Kalata**

2-21-03

386-789-0819

CR2E037 (10/02)