

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006639

FILED
Mar 21, 2009
Secretary of State

Entity Name: VICTORY CHRISTIAN CENTER MINISTRIES OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

100 SOUTH DIXIE HWY.
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

100 SOUTH DIXIE HWY.
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 65-0796416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POITIER, DAVID L
100 SOUTH DIXIE HWY.
HALLANDALE, FL 33009 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: POITIER, REV. D.L.
Address: 100 S. DIXIE HWY
City-St-Zip: HALLANDALE, FL 33009

Title: BDM () Delete
Name: MILLS-SMITH, JACQUELYN
Address: 4351 S.W. 25TH ST.
City-St-Zip: HOLLYWOOD, FL 33023

Title: BMD () Delete
Name: ARMBRISTER, VERA D
Address: 3010 NW 17TH CT
City-St-Zip: FT LAUDERDALE, FL 33311

Title: BMD () Delete
Name: MOBLEY, MARY E
Address: 308 N.W.10TH STREET
City-St-Zip: HALLANDALE, FL 33009

Title: BDM () Delete
Name: POITIER, HARCOURT G
Address: 10753 SW 144TH STREET
City-St-Zip: MIAMI, FL 33176

Title: SD () Delete
Name: SIMMONS, DONNA
Address: 525 NW 5TH STREET
City-St-Zip: HALLANDALE BEACH, FL 33009

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
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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: REV. D L POITIER

PD

03/21/2009

Electronic Signature of Signing Officer or Director

Date