2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000005820

1. Entity Name
VICTORY FOUNDATION, INC.

Principal Place of Business	Mailing Address
5401 HANGAR COURT TAMPA, FL 33634-5341	5401 HANGAR COURT TAMPA, FL 33634-5341

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01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3536437
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRANZBLAU, ROBERT M
5401 HANGAR COURT
TAMPA, FL 33634-5341

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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

$ 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRANZBLAU, ROBERT M
STREET ADDRESS	5401 HANGAR COURT
CITY-ST-ZIP	TAMPA, FL 336345341
TITLE	D
NAME	FRANZBLAU, JO
STREET ADDRESS	5401 HANGAR COURT
CITY-ST-ZIP	TAMPA, FL 336345341
TITLE	D
NAME	FRANZBLAU, CHARLES A
STREET ADDRESS	5401 HANGAR COURT
CITY-ST-ZIP	TAMPA, FL 336345341
TITLE	D
NAME	DORR, ALIX F
STREET ADDRESS	5401 HANGAR COURT
CITY-ST-ZIP	TAMPA, FL 336345341
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/19/05-80023-018 61.25

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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: X _____ (813) 884-6344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #