

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 5401 HANGAR COURT TAMPA, FL 33634-5341	Mailing Address 5401 HANGAR COURT TAMPA, FL 33634-5341
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DO NOT WRITE IN THIS SPACE



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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**DO NOT WRITE
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

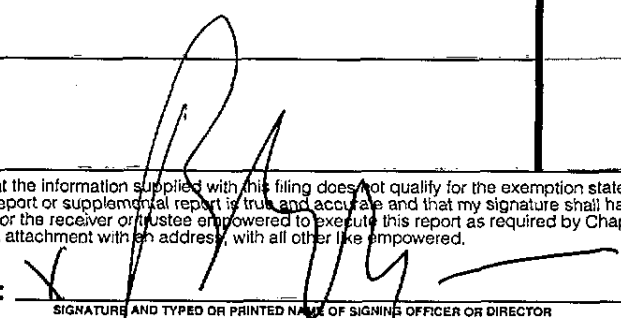
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	\$ 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANZBLAU, ROBERT M 5401 HANGAR COURT TAMPA, FL 336345341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANZBLAU, JO 5401 HANGAR COURT TAMPA, FL 336345341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANZBLAU, CHARLES A 5401 HANGAR COURT TAMPA, FL 336345341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORR, ALIX F 5401 HANGAR COURT TAMPA, FL 336345341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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02/19/05-80023-018 61.25

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: (813) 884-6344