2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 18, 2005 8:00 am
Secretary of State
02-14-2005 90054 030 ****61.25

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1. Entity Name
VICTORY ON THE ROCK COMMUNITY DEVELOPMENT INC.

Principal Place of Business	Mailing Address
2899 NW 168TH TERR. MIAMI, FL 33056-4432	2899 NW 168TH TERR. MIAMI, FL 33056-4432

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02042005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0941126
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLEARE, ALVIN
2899 NW 168TH TERR.
MIAMI, FL 33056-4432

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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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLEARE, ALVIN
STREET ADDRESS	2899 NW 168 TERRACE
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	VD
NAME	CLEARE, PATRICIA
STREET ADDRESS	2899 NW 168 TERRACE
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	SD
NAME	DAVIS, TWNALLA
STREET ADDRESS	75 NW 43RD STREET
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	ASD
NAME	SHEPPARD, LAURETTE
STREET ADDRESS	17101 NW 43 STREET
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	D
NAME	TAYLOR, LATONYA
STREET ADDRESS	1385 NW 86 STREET
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: A. L. Cleare 3-14-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #