2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004638

FILED Jan 07, 2009 Secretary of State

Entity Name: VICTORY CHRISTIAN CENTER OF FORT PIERCE, INC.

Current Principal Place of Business: New Principal Place of Business:

4000 S US 1 1591 SE PORT SAINT LUCIE BLVE FT PIERCE, FL 34982

SUITE D

PORT SAINT LUCIE, FL 34952

Current Mailing Address: New Mailing Address:

4000 S US 1 1591 SE PORT SAINT LUCIE BLVE FT PIERCE, FL 34982

SUITE D

PORT SAINT LUCIE, FL 34952

FEI Number: 65-0938341 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

OWEN, KURT OWEN, KURT

4000 S'US 1 1591 SE PORT SAINT LUCIE BLVD.

FT PIERCE, FL 34982 US SUITE D PORT SAINT LUCIE, FL 34952 US

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: KURT OWEN 01/07/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

4000 S US 1

FT PIERCE, FL 34982

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

OWEN, KURT OWEN, KURT Name: Name:

4000 S US 1 Address: 1591 SE PORT SAINT LUCIE BLVE, SUITE D Address:

City-St-Zip: FT PIERCE, FL 34982 City-St-Zip: PORT SAINT LUCE, FL 34952

Title: SD Title: SD (X) Change () Addition () Delete

Name: WALKER, FLORA Name: CROSBY, LINDA

Address: 4000 S US 1 Address: 1591 SE PORT SAINT LUCIE BLVD. SUITE D

City-St-Zip: FT PIERCE, FL 34982 City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: () Delete Title: () Change () Addition CUNNINGHAM, THOMAS Name:

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: KURT OWEN PAST 01/07/2009