2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004675

Entity Name: VICTORY CHRISTIAN CENTER @ TAMPA BAY, INC.

FILED Jan 24, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 15115 19TH ST LUTZ, FL 33549 **Current Mailing Address: New Mailing Address:** 11321 N. OLA AVE TAMPA, FL 33612 FEI Number: 59-3579726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DERMOTT, TRACEY J 11321 N. OLA AVE. TAMPA, FL 33612 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DEMPSEY, DAN R Name: Name: 18313 CITATION ST Address: Address: City-St-Zip: LUTZ, FL 33549 City-St-Zip: Title: SD () Delete Title: () Change () Addition DEMPSEY, PATRICIA Name: Name: Address: 18313 CITATION ST. Address: City-St-Zip: LUTZ, FL 33549 City-St-Zip: Title: () Delete Title: (X) Change () Addition DERMOTT, TRACEY J Name: DERMOTT, TRACEY J Name: 11321 NE OLA AVE. Address: Address: 11321 N. OLA AVE City-St-Zip: TAMPA, FL 33612 City-St-Zip: TAMPA, FL 33612 Title: () Delete Title: D () Change (X) Addition Name: Name: BELL, DENNIS 8038 DEERWOOD CIRCLE Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33610 Title: () Delete Title: () Change (X) Addition EDWARDS, CHARLES Name: Name: PO BOX 272906 Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33688 Title: () Delete Title: () Change (X) Addition BARRY, BOB Name: Name: Address: Address: 5326 TUSCAWILLA CT. WEEKI WACHEE, FL 34607 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DERMOTT J. TRACEY DIR 01/24/2004

WINBORN, ARTHUR (DIRECTOR) 12327 JOYNER AVENUE NEW PORT RICHIE, FL 34654

ROUNTREE, CHUCK (DIRECTOR) 512 LITHIA WAY BRANDON, FL 33511

POWELL, FRANK (DIRECTOR) 1932 SEAN WOOD CR. BRANDON, FL 33510

IVEY, LARRY (DIRECTOR) 2640 HIDEAWAY LANE VALRICO, FL 33594

HERNANDEZ, MIGUEL (DIRECTOR) 10011 N. CENTRAL AVE. TAMPA, FL 33612

POWELL, FRANK (DIRECTOR) 1932 SEAN WOOD CR.

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