2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004675

FILED Jan 15, 2008 Secretary of State

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

Current P 15115 19T	-	e of Business:	New Principal Place	New Principal Place of Business:	
LUTZ, FL	33549				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
11321 N. С ГАМРА, FI					
El Number:	59-3579726	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
TRACEY, I 11321 N. C TAMPA, FI		6			
	named entity of Florida.	submits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip:	PD (DEMPSEY, DA 19511 BAKER: SPRING HILL,	SFIELD RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Nddress: Dity-St-Zip:	D (IVEY, LARRY 2640 HIDEAW, VALRICO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Nddress: Dity-St-Zip:	STD (DERMOTT, TR 11321 N. OLA TAMPA, FL 33	AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Nddress: Dity-St-Zip:	BARTLING, DA	IEW DR #3112	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D (NICODEMIUS, 16637 NIKKI L ODESSA, FL (ANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip:	D (POWELL, FRA 1932 SEANWO BRANDON, FL	OOD CR	Title: Name: Address: City-St-Zip:	() Change() Addition	

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: DERMOTT J. TRACEY ST 01/15/2008