

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P28930

(6)

1. Corporation Name

VICTORY OUTREACH, INCORPORATED

Principal Place of Business

927 VILLAGE OAKS DR.
SUITE 100
COVINA CA 91724

Mailing Address

927 VILLAGE OAKS DR.
SUITE 100
COVINA CA 91724



3. Date Incorporated or Qualified
04/16/1990

3a. Date of Last Report
08/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MADEROS, FRANCISCO
220 NW 7TH AVE.
SUITE 3
MIAMI FL 33128

81 Name **MADEROS, FRANCISCO**

82 Street Address (P.O. Box Number is Not Acceptable)
720 N.W. 2ND ST

83

84 City **MIAMI**

FL 85 Zip Code
33128

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **ARGUINZONI, SONNY**
STREET ADDRESS **454 COBERTA AVE.**
CITY - ST - ZIP **LA PUENTE CA 91746**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **V** ☐ DELETE
NAME **ARGUINZONI, JULIE**
STREET ADDRESS **454 COBERTA AVE.**
CITY - ST - ZIP **LA PUENTE CA 91746**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **SD** ☐ DELETE
NAME **CLARK, KATHERINE E**
STREET ADDRESS **927 VILLAGE OAKS DR.**
CITY - ST - ZIP **COVINA CA 91724**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **GARCIA, SAUL**
STREET ADDRESS **927 VILLAGE OAKS DR.**
CITY - ST - ZIP **COVINA CA 91724**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **MORALES, ED**
STREET ADDRESS **395 CHARGIN WAY**
CITY - ST - ZIP **MORGAN HILL CA**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2296

818-858-8330

Date

Daytime Phone #

CR2E037 (12/95)