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Feb 18 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P28930 (6)

1. Corporation Name  
VICTORY OUTREACH, INCORPORATED



Principal Place of Business

Mailing Address

927 VILLAGE OAKS DR.  
SUITE 100  
COVINA CA 91724

927 VILLAGE OAKS DR.  
SUITE 100  
COVINA CA 91724-3604

PO Box 2745  
LA PUENTE, CA 91746

3. Date Incorporated or Qualified  
04/16/1990

3a. Date of Last Report  
02/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

91746

30 Los Angeles

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MADEROS, FRANCISCO  
720 NW 2ND STREET  
MIAMI FL 33128

81 Name

Richard Luna

82 Street Address (P.O. Box Number is Not Acceptable)

334 N.W. 37th St

83

84 City

Miami

FL

85 Zip Code

33127

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

RICHARD LUNA

Richard Luna

DATE

2-10-97

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE V ☐ DELETE

NAME ARGUINZONI, JULIE  
STREET ADDRESS 454 COBERTA AVE.  
CITY-ST-ZIP LA PUENTE CA 91746

1.2 NAME ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME CLARK, KATHERINE E  
STREET ADDRESS 927 VILLAGE OAKS DR.  
CITY-ST-ZIP COVINA CA 91724

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME GARCIA, SAUL  
STREET ADDRESS 927 VILLAGE OAKS DR.  
CITY-ST-ZIP COVINA CA 91724

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MORALES, ED  
STREET ADDRESS 395 CHARGIN WAY  
CITY-ST-ZIP MORGAN HILL CA

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.5 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-97

Date

Daytime Phone # 0076383

CR2E037 (9/96)