

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 08, 1999 8:00 am**  
**Secretary of State**

06-08-1999 90001 023 \*\*\*\*61.25

DOCUMENT # P 28930

1. Corporation Name

Victory Outreach, Incorporated ✓

Principal Place of Business

Mailing Address

250 W. Arrow Highway  
San Dimas, CA  
91773-3342

P.O. Box 3760  
San Dimas, CA  
91773-3342

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

4/16/1990

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

95-2788459

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Richard Luna  
175 NW 31st St.  
Miami, FL 33142

81 Name

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

83

84 City

FL

85 Zip Code

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 Arguinizoni, Sonny  
STREET ADDRESS 454 Coberta Ave.  
CITY-ST-ZIP La Puente, CA 91746

1.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME Arguinizoni, Julie  
STREET ADDRESS 454 Coberta Ave.  
CITY-ST-ZIP La Puente, CA 91746

2.1 TITLE ☐ Change ☐ Addition

TITLE Secty / Treas. ☐ DELETE

NAME Garcia, Saul  
STREET ADDRESS 250 W. Arrow Highway  
CITY-ST-ZIP San Dimas, CA 91773-3342

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME Morales, Ed  
STREET ADDRESS 395 Chargin Way  
CITY-ST-ZIP Morgan Hill, CA 95037

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

*Saul Garcia* Saul Garcia 5/17/99 909-599-4437

CR2E037 (1/98)