

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755407

**Entity Name:** VICTORY CHRISTIAN CENTER OF SOUTH FLORIDA, INC.**Current Principal Place of Business:**3499 NW 2 AVE  
BOCA RATON, FL 33431**Current Mailing Address:**3499 NW 2 AVE  
BOCA RATON, FL 33431 US**FEI Number:** 59-2078362**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TRI STAR ACCOUNTING  
950 PENINSULA CORP. CIRCLE STE. 2000  
BOCA RATON, FL 33487 US*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**Officer/Director Detail :**

Title	PD
Name	KARPINEN, DONALD
Address	1430 MASTERS CIRCLE 163
City-State-Zip:	DELRAY BEACH FL 33445
Title	TRUSTEE
Name	BLAIR, SHAWNE
Address	950 PENINSULA CORPORATE CIRCLE STE. 2000
City-State-Zip:	BOCA RATON FL 33487

Title	TRUSTEE
Name	KARPINEN, CATHERINE
Address	1430 MASTERS CIRCLE 163
City-State-Zip:	DELRAY BEACH FL 33445
Title	TRUSTEE
Name	KYLE, KIRK
Address	5 SE 9 STREET
City-State-Zip:	DELRAY BEACH FL 33441

*I hereby 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 all other like empowered.*

**SIGNATURE:** CATHERINE KARPINEN

TRUSTEE

01/07/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date