

2022 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:**KARPINEN, DONALD M
1150 W MAGNOLIA CIR
DELRAY BEACH, FL 33445 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:** DONALD KARPINEN

02/07/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY, TRUSTEE
Name KARPINEN, DONALD M
Address 1150 W MAGNOLIA CIRCLE
City-State-Zip: DELRAY BEACH FL 33445

Title TRUSTEE
Name LIPSCOMB, JOSH
Address 2221 S. BLUE ANGEL PARKWAY
City-State-Zip: PENSACOLA FL 32506

Title PASTOR, PRESIDENT
Name KARPINEN, DONALD R
Address 5277 PALM RIDGE BLVD
City-State-Zip: DELRAY BEACH FL 33484

Title TRUSTEE
Name STOCKER, DAVID JR.
Address 1300 SW 87 AVE.
City-State-Zip: MIAMI FL 33174

Title TRUSTEE
Name DAUGHERTY, PAUL
Address 7700 SOUTH LEWIS AVE.
City-State-Zip: TULSA OK 74136

Title TRUSTEE
Name VERGONA, MICHAEL
Address 410 SW 7 WAY
City-State-Zip: BOCA RATON FL 33486

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: DONALD M KARPINEN**SECRETARY**

02/07/2022

Electronic Signature of Signing Officer/Director Detail

Date