

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003967

Entity Name: VICTORY SCHOLARSHIP FOUNDATION, INC.**Current Principal Place of Business:**3890 DUNN AVE SUITE 804
JACKSONVILLE, FL 32218**Current Mailing Address:**3890 DUNN AVE SUITE 804
JACKSONVILLE, FL 32218**FEI Number:** 26-4801227**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MAIDEN, DEBORAH
3890 DUNN AVE SUITE 804
JACKSONVILLE, FL 32218 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	D
Name	MAIDEN, DEBORAH L
Address	10172 GLENNFIELD CT
City-State-Zip:	JACKSONVILLE FL 32221

Title	D
Name	POSTELL, KELVIN C
Address	12251 HERON COVE CT.
City-State-Zip:	JACKSONVILLE FL 32218

Title	D
Name	ADAMS, CHARISE
Address	1346 RUNNING BROOK CT
City-State-Zip:	JACKSONVILLE FL 32225

Title	D
Name	BOGINS, MARYLYNN
Address	8128 HONEYSUCKLE LANE
City-State-Zip:	JACKSONVILLE FL 32244

Title	D
Name	ALLEN, ALFRED J
Address	8508 BLAZING STAR RD N
City-State-Zip:	JACKSONVILLE FL 32210

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: DEBORAH MAIDEN**DIR****04/24/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date