

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90397 029 ****70.00

DOCUMENT # 713008 1. Entity Name VICTORY LIFE AND PRAISE, INC.					
Principal Place of Business 530 WEST HOOKER STREET BARTOW, FL 33830			Mailing Address P O BOX 134 BARTOW, FL 33831-0134		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2533442	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BOWEN, GREG REV 3849 DOVEHOLLOW DRIVE LAKELAND, FL 33813				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				\$8.75 Additional Fee Required	
SIGNATURE <u>Rev. Greg Bowen</u> <u>Rev. Greg Bowen</u> <u>4-27-05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MITCHELL, ROY 1235 ALTURAS RD BARTOW, FL 33830	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOWEN, PAUL G SR 3849 DOVEHOLLOW DR LAKELAND, FL 33813	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, CHARLE 1245 ALTURAS RD. BARTOW, FL 33830	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hartley, Beverly 1235 Sunset Ave. Bartow, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTLEY, TODD 1325 SUNSET AVE. BARTOW, FL 33830	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hartley, Todd 1235 Sunset Ave Bartow, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOWEN, WENDY 3849 DOVEHOLLOW DR LAKELAND, FL 33813	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Wendy L. Bowen</u> <u>Wendy L. Bowen</u> <u>4/4/05</u> <u>(863) 533-6522</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					