2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004
Secretary of State

DOCUMENT# N96000002883

Entity Name: VICTORY PRAISE CENTER, INC.

Current Principal Place of Business:

2840 MONTE CARLO TRAIL
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 555160
ORLANDO, FL 328555160

New Mailing Address:

FEI Number: 59-3554457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFFIN, WILLIE L JR
2840 MONTE CARLO TRAIL
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CPD ( ) Delete
Name: DOUGLAS, RALPH
Address: 2164 LAKE SUNSET DRIVE
City-St-Zip: ORLANDO, FL 32805

Title: VSD ( ) Delete
Name: GRIFFIN, WILLIE L JR
Address: 2840 MONTE CARLO TRAIL
City-St-Zip: ORLANDO, FL 32805

Title: TD ( ) Delete
Name: NORMAN, CAREY
Address: 469 WINDING HOLLOW AVE
City-St-Zip: OCOEE, FL

Title: D ( ) Delete
Name: ANDERSON, ROBERT
Address: 513 WELBORNE AVE
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: SHAZIER, NATHANIEL
Address: 4432 KING COLE BLVD
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete
Name: MARINE, JAMES
Address: 2581 BLUEGILL ST
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BOWLES, BOBBY
Address: 2614 LK. SUNSET DR.
City-St-Zip: ORLANDO, FL 32805

Title: D (X) Change ( ) Addition
Name: ANDERSON, SONIA
Address: 513 WELBORNE AVE
City-St-Zip: WINTER PARK, FL 32789

Title: TD (X) Change ( ) Addition
Name: SHAZIER, NATHANIEL
Address: 4432 KING COLE BLVD
City-St-Zip: ORLANDO, FL 32805

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SONIA ANDERSON D 09/08/2004

Electronic Signature of Signing Officer or Director — Date