2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32262

FILED Jan 08, 2009 Secretary of State

Entity Name: VICTORY ASSEMBLY OF GOD OF LAKELAND, FL., INC.

Current P	rincipal Place	of Business:	New Prince	cipal Place of Business:	
I401 GRIF AKELANI	FIN RD D, FL 33810	US			
Current Mailing Address:			New Maili	New Mailing Address:	
O BOX 90489 AKELAND, FL 33804 US		US	PO BOX 90489 LAKELAND, FL 338040489 US		
El Number:	: 59-2954281	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired (X)	
lame and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
401 GRIF AKELANI The above		US submits this statement for the	purpose of changing i	its registered office or registered agent, or both,	
	e of Florida. 				
SIGNATUF		ic Signature of Registered Ag	ent ent	 Date	
FFICER	S AND DIREC			NS/CHANGES TO OFFICERS AND DIRECTOR	
itle: lame: ddress: city-St-Zip:	PCD () BLACKBURN, M 2209 MALACHI LAKELAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: ddress: city-St-Zip:	AS () ENGLISH, DOU 7105 O'DONIEL LAKELAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
	SD () WALLACE, PAU	Delete JL	Title: Name:	() Change () Addition	
lame: \ddress:		DSHIRE DRIVE	Address: City-St-Zip:		
Title: Name: Nddress: City-St-Zip: Title: Name: Nddress: City-St-Zip:	4040 STAFFOR LAKELAND, FL VP () MCBRIDE, DAN	DSHIRE DRIVE		VP (X) Change () Addition MCBRIDE, DAN 2459 LAUREL GLEN DRIVE LAKELAND, FL	
lame: .ddress: bity-St-Zip: itle: lame: .ddress:	4040 STAFFOR LAKELAND, FL VP () MCBRIDE, DAN 1400 GRASSLA LAKELAND, FL	DSHIRE DRIVE Delete	City-St-Zip: Title: Name: Address:	MCBRIDE, DAN 2459 LAUREL GLEN DRIVE	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DOUGLAS W. ENGLISH AS 01/08/2009