

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04793

Entity Name: LIVING WITH VICTORY MINISTRIES, INC.**Current Principal Place of Business:**679 EVANS COVE RD.
MAGGIE VALLEY, NC 28751**Current Mailing Address:**P.O.BOX 1982
MAGGIE VALLEY, NC 28751 US**FEI Number: 59-2532279****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CROWDER, DAVID
820 LAKE KATHRY CR
CASSELBERRY, FL 32707 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 PC
Name GIORGIO, ANTHONY J PRES
Address 679 EVANS COVE RD.
City-State-Zip: MAGGIE VALLEY NC 28751

Title SEC
Name GIORGIO, LAUREEN MRS.
Address 679 EVANS COVE RD.
City-State-Zip: MAGGIE VALLEY NC 28751

Title TRUSTEE
Name FRANK, MITCHEL ESQ.
Address 5108 KEENELAND CIR
City-State-Zip: ORLANDO FL 32819

Title TREA
Name TIRRELL, RICHARD CPA
Address 854 MOUNT VALLEY RD
City-State-Zip: WAYNESVILLE NC 28785

Title TRUSTEE
Name PEARSON, SHAWN MR.
Address 4521 BLOXHAM CUT OFF
City-State-Zip: CRAWFORDVILLE FL 32327

Title TRUSTEE
Name LEVIN, JOY
Address 80 WATERS COVE RD.
City-State-Zip: CANDLER NC 28715

Title TRUSTEE
Name CARTER, KATHY
Address 229 FORGE CREEK LANE
City-State-Zip: MILLS RIVER NC 28759

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: ANTHONY J. GIORGIO**PRESIDENT/CHAIRPERSON 04/09/2018**
N

Electronic Signature of Signing Officer/Director Detail

Date