

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90003 030 ****61.25

DOCUMENT # 722477

1. Entity Name

VICTORY DELIVERANCE LOVE HEALING MINISTRIES, INC

Principal Place of Business

Mailing Address

**406 CYPRESS STREET
P.O. BOX 593561
ORLANDO FL 32859**

**406 CYPRESS STREET
P.O. BOX 593561
ORLANDO FL 32859**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7241980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZILLINER, BISHOP R.L., SR.
406 CYPRESS ST.
P.O. BOX 593561
ORLANDO FL 32824**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Delete
NAME **YOSKIMETICS, GLORIA**
STREET ADDRESS **429 VENTURA AVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Change ☒ Addition
NAME **MORRIS GAIL**
STREET ADDRESS **3803 RAVENWOOD AVE**
CITY-ST-ZIP **ORLANDO, FL 32839**

TITLE **D** ☐ Delete
NAME **ZILLINER, HOLLIE L.**
STREET ADDRESS **406 CYPRESS ST**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Change ☒ Addition
NAME **BRIGHT ZILLINER**
STREET ADDRESS **351 HOWTHORNE HILLS PLACE APT 201**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **D** ☒ Delete
NAME **CLUE, SAMUEL**
STREET ADDRESS **5115 POLARIS ST**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Change ☒ Addition
NAME **GEORGE R NEWBERRY SR**
STREET ADDRESS **4569 FRISCO CR**
CITY-ST-ZIP **ORLANDO, FLA 32808**

TITLE **D** ☐ Delete
NAME **AUSTIN, BARRY**
STREET ADDRESS **1439 HIGH GROVE WAY**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Change ☒ Addition
NAME **KATRINA ZILLINER**
STREET ADDRESS **4569 FRISCO CR**
CITY-ST-ZIP **ORLANDO, FL 32808**

TITLE **PD** ☐ Delete
NAME **ZILLINER, ROBERT L, SR**
STREET ADDRESS **406 CYPRESS ST**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **AUSTIN, DESIREE**
STREET ADDRESS **1439 HIGH GROVE WAY**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

BISHOP R L ZILLINER SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-873-4104

CR2E037 (9/01)