

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 722477
 1. Entity Name
VICTORY DELIVERANCE LOVE HEALING MINISTRIES, INC.



Principal Place of Business 406 CYPRESS STREET P.O. BOX 593561 ORLANDO, FL 32859	Mailing Address 406 CYPRESS STREET P.O. BOX 593561 ORLANDO, FL 32859
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04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7241980	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ZILLINER, BISHOP R.L., SR.
 406 CYPRESS ST.
 P.O. BOX 593561
 ORLANDO, FL 32824**

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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.

SIGNATURE _____ (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, GAIL 3803 RAVENWOOD AVENUE ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZILLINER, HOLLIE L. 406 CYPRESS ST ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWBERRY, GREG R 4569 FRISCO CIRCLE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, BARRY 1439 HIGH GROVE WAY ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZILLINER, ROBERT L., SR 406 CYPRESS ST ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, DESIREE 1439 HIGH GROVE WAY ORLANDO, FL

U00000324310
 04/22/05-80088-024 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* **04-20-05** 407 470-4438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

407 538-3839