

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**



04192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7241980	Applied For <input type="checkbox"/> 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**

**DO NOT WRITE
IN THIS SPACE**

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

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

(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	D
NAME	MORRIS, GAIL
STREET ADDRESS	3803 RAVENWOOD AVENUE
CITY-ST-ZIP	ORLANDO, FL 32839

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

TITLE	D
NAME	NEWBERRY, GREG R
STREET ADDRESS	4569 FRISCO CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32808

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

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

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

U00000324310
04/22/05-80088-024 70.00

**DO NOT WRITE
IN THIS SPACE**

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-20-05 407 470-4438

407 538-3839