2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE

03232008 No Chg-NP CR2E037 (11/05)

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

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 _____
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, 2006

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

U00000501072
04/25/06-80047-005 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 BISHOP RL ZILLINER, SR 04-07-06 407 803-68
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #