


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90163 035 ****70.00

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	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 5115 N SOCRUM LOOP RD Suite, Apt. #, etc. APT 101 City & State LAKE LAND, FLA Zip Country 33809	
		04122007 Chg-NP CR2E037 (12/06)	
		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		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	Change Addition
NAME	MORRIS, GAIL	NAME	
STREET ADDRESS	3803 RAVENWOOD AVENUE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32839	CITY-ST-ZIP	
TITLE	D	TITLE	Change Addition
NAME	ZILLINER, HOLLIE L.	NAME	
STREET ADDRESS	406 CYPRESS ST	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP	
TITLE	D	TITLE	Change Addition
NAME	NEWBERRY, GREG R	NAME	
STREET ADDRESS	4569 FRISCO CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32808	CITY-ST-ZIP	
TITLE	D	TITLE	Change Addition
NAME	AUSTIN, BARRY	NAME	
STREET ADDRESS	1439 HIGH GROVE WAY	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP	
TITLE	PD	TITLE	Change Addition
NAME	ZILLINER, ROBERT L., SR	NAME	
STREET ADDRESS	406 CYPRESS ST	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP	
TITLE	D	TITLE	Change Addition
NAME	AUSTIN, DESIREE	NAME	
STREET ADDRESS	1439 HIGH GROVE WAY	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP	
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 R L ZILLINER, SR			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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663-934-2089