

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90223 001 \*\*\*\*65.00

06-02-2008 90223 002 \*\*\*\*\*8.75

**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  
**5115 N. SOCRUM LOOP RD  
APT 101  
LAKELAND, FL 33809**

**66012799**



05132008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**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 September 12, 2008**

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

**DO NOT WRITE  
IN THIS SPACE**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05-13-08**  
Date

**863.934-0742**  
Daytime Phone #