

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722477

FILED
Jul 06, 2009
Secretary of State

Entity Name: VICTORY DELIVERANCE LOVE HEALING MINISTRIES, INC.

Current Principal Place of Business:

406 CYPRESS STREET
P.O. BOX 593561
ORLANDO, FL 32859

New Principal Place of Business:

406 CYPRESS STREET
ORLANDO, FL 32859

Current Mailing Address:

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

New Mailing Address:

913 QUINCY STREET
APT B 305
LAKELAND, FL 33815

FEI Number: 23-7241980 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ZILLINER, BISHOP R.L., SR.
406 CYPRESS ST.
P.O. BOX 593561
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

ZILLINER, BISHOP R.L., SR.
913 QUINCY STREET
APT B 305
LAKELAND, FL 33815 US

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.

SIGNATURE: _____

07/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MORRIS, GAIL
Address: 3803 RAVENWOOD AVENUE
City-St-Zip: ORLANDO, FL 32839

Title: D () Delete
Name: ZILLINER, HOLLIE L.
Address: 406 CYPRESS ST
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: NEWBERRY, GREG R
Address: 4569 FRISCO CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: AUSTIN, BARRY
Address: 1439 HIGH GROVE WAY
City-St-Zip: ORLANDO, FL

Title: PD () Delete
Name: ZILLINER, ROBERT L., SR
Address: 406 CYPRESS ST
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: AUSTIN, DESIREE
Address: 1439 HIGH GROVE WAY
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT ZILLINER

DIRE

07/06/2009

Electronic Signature of Signing Officer or Director

Date