## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 722477** 

FILED Jan 06, 2011 Secretary of State

Entity Name: VICTORY DELIVERANCE LOVE HEALING MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

406 CYPRESS STREET ORLANDO, FL 32859

Current Mailing Address: New Mailing Address:

741 LAZY OAKS LANE 8095 LAKE JAMES BLVD LAKELAND, FL 33810 LAKELAND, FL 33810

FEI Number: 23-7241980 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZILLINER, BISHOP R.L., SR.

741 LAZY OAKS LANE

LAKELAND, FL 33810 US

ZILLINER, BISHOP R.L., SR.

8095 LAKE JAMES BLVD

LAKELAND, FL 33810 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: 01/06/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: [

Name: MORRIS, GAIL

Address: 3803 RAVENWOOD AVENUE City-St-Zip: ORLANDO, FL 32839

Title: D

Name: ZILLINER, HOLLIE L. Address: 406 CYPRESS ST City-St-Zip: ORLANDO, FL

Title:

Name: NEWBERRY, GREG R Address: 4569 FRISCO CIRCLE City-St-Zip: ORLANDO, FL 32808

Title: [

Name: AUSTIN, BARRY

Address: 1439 HIGH GROVE WAY

City-St-Zip: ORLANDO, FL

Title: PD

Name: ZILLINER, ROBERT L., SR Address: 406 CYPRESS ST City-St-Zip: ORLANDO, FL

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Title: D
Name: AUSTIN, DESIREE
Address: 1439 HIGH GROVE WAY

City-St-Zip: ORLANDO, FL

I hereby 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 all other like empowered.

SIGNATURE: ROBERT L ZILLININER PRES 01/06/2011