

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90284 015 *****70.00

0074479

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7241980**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MORRIS, GAIL**
STREET ADDRESS **3803 RAVENWOOD AVENUE**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **D** ☐ Delete
NAME **ZILLINER, HOLIE L**
STREET ADDRESS **406 CYPRESS ST**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Delete
NAME **NEWBERRY, GREG R**
STREET ADDRESS **4569 FRISCO CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **D** ☐ Delete
NAME **AUSTIN, BARRY**
STREET ADDRESS **1439 HIGH GROVE WAY**
CITY-ST-ZIP **ORLANDO FL**

TITLE **PD** ☐ Delete
NAME **ZILLINER, ROBERT L., SR**
STREET ADDRESS **406 CYPRESS ST**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Delete
NAME **AUSTIN, DESIREE**
STREET ADDRESS **1439 HIGH GROVE WAY**
CITY-ST-ZIP **ORLANDO FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Desiree Austin*

04-21-03 407-230-3947

CR2E037 (10/02)