

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739920

FILED
Jan 16, 2009
Secretary of State

Entity Name: THE VICTORY HOLINESS CHURCH, INC.

Current Principal Place of Business:

3480 COMMONWEALTH AVE.
% TOMMY JONES
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

933 WEST PALM AVE
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 59-1935988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, THOMAS LEE
933 W PALM AVE
JACKSONVILLE, FL 32254 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, THOMAS LEE,
Address: 933 W PALM AVE
City-St-Zip: JACKSONVILLE, FL 32254

Title: D () Delete
Name: JONES, ROSEMARIE M
Address: 1931 SOLOMAN
City-St-Zip: ORANGE PARK, FL 32073

Title: V () Delete
Name: VAUGHN, ANGLA E
Address: 5265 MISSOURI AVE.
City-St-Zip: JACKSONVILLE, FL 32259

Title: SD () Delete
Name: JONES, THOMAS A
Address: 3663 THOMAS ST.
City-St-Zip: JACKSONVILLE, FL 32254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V (X) Change () Addition
Name: VAUGHN, ANGLA E
Address: 933 WEST PALM AVE
City-St-Zip: JACKSONVILLE, FL 32254

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: THOMAS LEE JONES

PD

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date