

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740685

FILED  
Feb 11, 2008  
Secretary of State

**Entity Name:** THE VICTORY OF FAITH FELLOWSHIP, INC.

**Current Principal Place of Business:**

306 SPIKES ROAD  
SOUTHPORT, FL 32409 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8174  
SOUTHPORT, FL 32409 US

**New Mailing Address:**

**FEI Number:** 59-2535734

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CROW, STEVEN D  
2727 ROLLING PINES ROAD  
CHIPLEY, FL 32428 US

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

OWENS, LARRY D  
336 SPIKES ROAD  
SOUTHPORT, FL 32409 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: LARRY D. OWENS

02/11/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DAVIS, KEVIN B  
Address: 306 SPIKES ROAD  
City-St-Zip: SOUTHPORT, FL 32409 US

Title: C,D ( ) Delete  
Name: OWENS, LARRY D  
Address: 336 SPIKES ROAD  
City-St-Zip: SOUTHPORT, FL 32409 US

Title: D (X) Delete  
Name: CROW, STEVEN D.,  
Address: 2727 ROLLING PINES ROAD  
City-St-Zip: CHIPLEY, FL 32428 US

Title: D ( ) Delete  
Name: PIPPIN, ANTHONY  
Address: 1502 E. 10TH COURT  
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: D ( ) Delete  
Name: MOON, CHARLIE R  
Address: 306 SPIKES ROAD  
City-St-Zip: SOUTHPORT, FL 32409 US

Title: S,T ( ) Delete  
Name: PIPPIN, VICKI M  
Address: 1502 E. 10TH COURT  
City-St-Zip: SOUTHPORT, FL 32444 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LARRY D. OWENS,  
Address: 336 SPIKES ROAD  
City-St-Zip: SOUTHPORT, FL 32409 US

Title: C,D (X) Change ( ) Addition  
Name: OWENS, REBECCA J  
Address: 336 SPIKES ROAD  
City-St-Zip: SOUTHPORT, FL 32409 US

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  
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: VICKI M. PIPPIN

S,T

02/11/2008

Electronic Signature of Signing Officer or Director

Date