2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# 740685

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:

OWENS, LARRY D
336 SPIKES ROAD
SOUTHPORT, FL 32409 US

Name and Address of New Registered Agent:

OWENS, LARRY D
306 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 03/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: C,D ( ) Delete
Name: OWENS, REBECCA J
Address: 336 SPIKES ROAD
City-St-Zip: SOUTHPORT, FL 32409 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: 306 SPIKES ROAD
City-St-Zip: SOUTHPORT, FL 32409 US

Title: C,D (X) Change ( ) Addition
Name: OWENS, REBECCA J
Address: 306 SPIKES ROAD
City-St-Zip: SOUTHPORT, FL 32409 US

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

Title: D (X) Change ( ) Addition
Name: LEE, CHRISTOPHER M
Address: 404 SPIKES ROAD
City-St-Zip: SOUTHPORT, FL 32409 US

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: LARRY D. OWENS MR. 03/27/2009
Electronic Signature of Signing Officer or Director Date