2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# 743540

Entity Name: VICTORY MINISTRIES, INC.

Current Principal Place of Business:

100 EMERSON DR NW
PALM BAY, FL 32907 US

New Principal Place of Business:

Current Mailing Address:

100 EMERSON DR NW
PALM BAY, FL 32907 US

New Mailing Address:

FEI Number: 59-1975423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OSTRANDER, MARK PD
261 MEDEA N.W.
PALM BAY, FL 32907 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: SD ( ) Delete
Name: BURNETTE, SHERRY
Address: 9304 CAMDEN FIELD PARKWAY
City-St-Zip: RIVERVIEW, FL 33569

Title: VDT ( ) Delete
Name: OSTRANDER, EVIE
Address: 261 MEDEA AVE., N.W.
City-St-Zip: PALM BAY, FL 32907

Title: PD ( ) Delete
Name: OSTRANDER, MARK
Address: 261 MEDEA AVE N.W.
City-St-Zip: PALM BAY, FL

Title: D ( ) Delete
Name: BURNETTE, BOBBY
Address: 9304 CAMDEN FIELD PARKWAY
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARK OSTRANDER PD 06/16/2009
Electronic Signature of Signing Officer or Director — Date