2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000000037

FILED Feb 27, 2008 Secretary of State

Entity Name: VICTORIOUS LIFE CHURCH OF N.W. FL., INC. **Current Principal Place of Business: New Principal Place of Business:** 9375 BRUNSON RD. PENSACOLA, FL 32514 **Current Mailing Address: New Mailing Address:** 9375 BRUNSON RD P. O. BOX 7091 PENSACOLA, FL 32514 PENSACOLA, FL 32534 FEI Number: 59-3747347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PONDER, E. MARIE 9375 BRÚNSON RD. PENSACOLA, FL 32514 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition DUNN, DAVID W DUNN, DAVID W Name: Name: Address: 7135 PEARSON RD., APARTMENT #2 Address: 466 MAPLE LEAF CIRCLE City-St-Zip: PENSACOLA, FL 32526 City-St-Zip: PENSACOLA, FL 32514 Title: () Delete Title: () Change () Addition Name: JONES, DAVID A Name: Address: 3108 LAKE SUZANNE DR. Address: City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: Title: () Delete Title: () Change () Addition JONES, MARIE D Name: Name: Address: 3108 LAKE SUZANNE DR. Address: City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MITCHELL, DIANE Name: Address: 41 W JOHNSON AVE Address: City-St-Zip: PENSACOLA, FL 32534 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: DAVID A. JONES D 02/27/2008